

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DAVIE COOPER, #7743)	
)	
Plaintiff,)	
)	
v.)	CIVIL ACTION NO. 2:06-CV-418-MHT
)	
D.T. MARSHAL, <i>et al.</i>,)	
)	
Defendants.)	

AFFIDAVIT OF GAIL COLBURN, LPN

Before me, the undersigned notary public, in and for said County and State, personally appeared **Gail Colburn, LPN**, who, after first being duly sworn by me, deposes and states as follows:

1. My name is Gail Colburn, LPN. I am over the age of 19 years and have personal knowledge of the facts contained herein.
2. I obtained my LPN degree from Northwest Community College in Hamilton, Alabama in 1991. From 1999 to 2001, I was employed as an LPN at Limestone Correctional Facility in Capshaw, Alabama. In 2001, I worked part-time as an LPN for Southern Health Partners, Inc. ("SPH") in Huntsville and Decatur, Alabama. In 2001, I worked as an LPN at Eglin Air Force Base, Fort Walton Beach, Florida. From 2003 to 2005, I was employed with the Medical Staffing Network as an LPN. In 2005, I was employed as an LPN for two months with PHS at the Okaloosa County Jail in Crestwood, Florida. On November 1, 2005, I was employed again by SHP as the medical team administrator at the Autauga County Metro Jail. On May 9, 2006, I became the medical team administrator at the Montgomery County Jail in Montgomery, Alabama.

3. SHP provides medical care to inmates in various jail facilities, including the Montgomery County Jail. During the entire time of plaintiff's incarceration in the Montgomery County Jail, health care services have been provided to the inmates by SHP pursuant to a contract between SHP and the Montgomery County Commission. Health care in the jail is provided under the direction of a medical team administrator as well as a medical director. During the period complained of by the plaintiff in this action, Dr. Kenneth Nichols was the medical director in the jail. During this time frame, Donna Couey was the medical team administrator ("MTA") through May 9, 2006 and, thereafter, I became the MTA.

4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit.

5. As I understand the plaintiff's complaint, the plaintiff alleges that Dr. Nichols, Donna Couey, Melodye Miller and myself were deliberately indifferent to the plaintiff's heart and prostate conditions. Specifically, I understand that the plaintiff claims that he did not receive medication on April 8, 2006 and April 9, 2006, was denied adequate medical attention from May 11, 2006 to May 16, 2006, and has been denied prostate and heart surgery which he claims is indicated.

6. I have reviewed SHP's entire medical chart on the plaintiff, a true and accurate copy of which is attached as Exhibit A.

7. The plaintiff was booked into the Montgomery County Jail on April 8, 2006. On April 9, 2006, Rosie Orum, R.N., completed a history and physical form on the plaintiff. The plaintiff indicated that he had been hospitalized in the past at North Broward Hospital, Pompano Beach, Florida in 2006, Saint Margaret in 1981 for open heart surgery, and Saint Francis Hospital

in 1993. He gave a history of problems with vision, nervous disorder, pneumonia, heart, bladder infection, trouble voiding, gonorrhea and syphilis. On physical exam, Ms. Orum noted that the plaintiff had an abrasion on his left arm, that he had reading plus regular eyeglasses, that he had heart palpitations sometimes and a prostate problem with frequency and urgency. He identified his current medications as aspirin (for heart), Cardura (for prostate) and Seroquel (for psychiatric condition).

8. Later on April 9, 2006, Dr. Nichols ordered that the plaintiff continue to receive Seroquel, aspirin and Doxazosin (also called Cardura).

9. On April 10, 2006, Dr. Nichols ordered that the plaintiff receive a chest x-ray, which was done on the same day. The chest x-ray revealed that the plaintiff had no acute pulmonary disease.

10. On April 17, 2006 at 3:00 p.m., the plaintiff presented to the medical unit complaining of shortness of breath. He was seen by Caroline Dees, LPN. On examination, no respiratory distress was noted. He complained of a non-productive cough, stating "he had cough prior to coming to jail." The plaintiff denied any other complaints at that time, and Ms. Dees noted that he was scheduled to see Dr. Nichols on April 18, 2006. She also recorded that no acute distress was noted.

11. Later on April 17, 2006, at 6:40 p.m., the plaintiff again presented to the medical unit complaining of shortness of breath and chest soreness. He was seen by Keisha Williams, LPN, who noted the plaintiff stated that he had to have some valves replaced but refuses to do so "because he didn't want to be used as a guinea pig + people knowing his thoughts because of the wires that he has." On examination, Ms. Williams noted that the plaintiff presented with neither labored nor rapid respirations and that he was breathing with ease at rest. She noted no coughing and also recorded that the plaintiff would be on the M.D. list to see Dr. Nichols.

12. On April 17, 2006, Dr. Nichols ordered that the plaintiff receive Decongestine for his complaints of congestion and Guaafenisex for cough.

13. On April 18, 2006, the plaintiff was seen by Dr. Nichols. Dr. Nichols noted that the plaintiff stated he was supposed to have had his third heart surgery on April 6, 2006 but did not have it done because "people were persecuting him." The plaintiff said that he had occasional tightness in his chest and shortness of breath. Dr. Nichols noted the plaintiff was on Cardura, aspirin and Seroquel prior to becoming incarcerated and that he had received a chest x-ray on April 10, 2006. Dr. Nichols assessed the plaintiff as status-post aortic valve replacement with dyspnea. Dr. Nichols noted that the plaintiff had no signs of chronic heart failure. Dr. Nichols' plan was to get the records from Baptist South Hospital, and he prescribed Maxzide for the plaintiff's blood pressure.

14. On April 25, 2006, Dr. Nichols again saw the plaintiff, and the plaintiff complained of frequent urination. Dr. Nichols noted that the patient was receiving Cardura 2 mgs. in the morning for his prostate complaints, and Dr. Nichols increased his Cardura dose to 2 mgs. twice a day for two days and then 4 mgs. twice a day.

15. On April 28, 2006, the plaintiff received a psychiatry consult from Dr. Sanders, wherein Dr. Sanders noted that the plaintiff reported a history of paranoid schizophrenia and that he was on Seroquil 200 mgs. twice a day. Dr. Sanders ordered that the plaintiff receive Triavil for his psychiatric condition, which would replace the non-formulary drug, Seroquil.

16. On June 7, 2006, the plaintiff completed a sick call slip, complaining of chest pain beginning on June 5, 2006 and that he believed he needed a third heart surgery. An appointment was made for the plaintiff to see the medical staff, and the plaintiff refused to come to the medical department. The plaintiff's June 7, 2006 sick call slip is the only sick call slip he has completed while an inmate at the Montgomery County Jail.

17. With regard to the plaintiff's complaint that he did not receive adequate treatment on April 8 or April 9, 2006 or between May 11 and May 16, 2006, the plaintiff completed no sick call slips during any of these days. Moreover, the plaintiff was given a history and physical on April 9, 2006, and it appears that all prescribed medications were administered to the plaintiff on a regular basis beginning on April 9, 2006.

18. On May 13, 2006, the plaintiff completed a grievance form (Exhibit B), wherein he complained that he was not receiving his prostate medication (Cardura). The plaintiff also mentioned that there had been no response from Dr. Nichols upon receipt of the Baptist Hospital records. I responded to this grievance on May 15, 2006, stating that the plaintiff's Cardura had been increased to 4 mgs. twice a day. I noted that the medical staff had ordered the plaintiff's Cardura and that he would receive it as soon as it came in. A review of the plaintiff's medication administration record shows that the plaintiff did not receive his p.m. dosage of Cardura on May 13 and 14, 2006, but the administration of those dosages commenced again on May 15, 2006 and continued thereafter on a regular basis. I also noted that I would have Dr. Nichols look at the records and decide what treatment was needed. My response to the plaintiff's grievance is attached as Exhibit C.

19. As I understand it, Dr. Nichols reviewed the plaintiff's Baptist Hospital records and, based on those records and his own assessment of plaintiff, found that neither heart surgery nor prostate surgery was currently indicated.

20. All necessary care provided to the plaintiff by me and by the SHP medical staff was appropriate, timely and within the standard of care.

21. On no occasion was the plaintiff ever at risk of serious harm, nor was the medical staff ever indifferent to any complaint that he made.

Gail Colburn LPN

Gail Colburn, LPN

STATE OF ALABAMA)

COUNTY OF)

Madison

I, the undersigned Notary Public in and for said county in said state, hereby certify that Gail Colburn, LPN, whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the 21 day of July, 2006.

Robert M. Bailey

Notary Public

My Commission Expires: 8-3-2007

Affidavit of Gail Colburn

Exhibit A

Southern Health Partners

ADMISSION DATA

HISTORY AND PHYSICAL FORM

Intake Date: _____ Exam Date: 4-9-06 S.S.#: 082-44-2746

Inmate Name: COOPER DAVID Date Booked: 8 APR 06
(Last) (First) (Middle)

Alias: NONE County: Montgomery
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Birthdate: 8/23/52 Religion: ISLAM
(City) (State)

Education Completed: 8th Special Education: NONE

Marital Status: (S) M W D Separated Read/Write English: (YES) NO Other: _____

Previous Incarcerations: (Facility/Date) Montg. County Jail 1987

MEDICAL HISTORY

Notify in Emergency: THOMAS HARRY FRIEND (BEST)
(Name) (Relationship)

Address: 3400 DEER WORTH RD. Montg. AL Phone: 334-288 8607
(Street) (City) (State) (Zip)

Health Insurance: NONE
(Type of Insurance) (State) (Policy Number)

Family Physician: NONE
(Name) (Street Address) (City) (State) (Zip) (Phone Number)

Past Hospitalizations (include surgeries): NORTH BIRMINGHAM HOSP. PUM PANI BEACH FLORIDA
2006, ST. MARGARET 1981 OPEN HEART SURGERY 1993 ST. FRANCIS HOSPITAL
(Location) (Street Address) (City) (State) (Zip)

Head Injury with Loss of Consciousness: NONE Last Tetanus: 2006 APRIL Immunization: _____

Allergies: NKDA

Current Medication(s): ASA, CADURA 2mg

MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons: (YES) NO If Yes, Why: PARANOID SCHIZOPHRENIA

Where: MOUNT SYLVA CONNECTICUT 2 1/2 yrs ago When: 2003
(Location) (Street Address) (City) (State) (Zip) (Date)

Psychotropic Meds (Specify type and last dose): SEROQUEL 200mg P.O. BID

Prior Counseling/Out-Patient Treatment for: YES

Where: _____ When: _____
(Location) (Street Address) (City) (State) (Zip) (Date)

Have you ever attempted suicide: NO How: _____ When: _____
(Date)

Have you recently considered committing suicide? NO

Have you ever been arrested for a violent crime/sexual offense? (Specify) FELONY SEXUAL ASSAULT 1996

Street drugs: NONE Smoker: ✓ Etoh: BEER - 3-4 day weekly
(Type-Quantity) (How Often) (How Long) (Type-Quantity) (How Often) (How Long)

Inmate's Signature: David Cooper Date: _____

Interviewer's Signature: Debbie Quinn RN Date: 9 APR 06

Witness: (if physical is refused): _____ Date: _____

MEDICAL HISTORY & PHYSICAL ASSESSMENT

Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision	✓		Hypertension		✓	Gonorrhea	✓	
Hearing		✓	Anemia		✓	Syphilis	✓	
Balance/Dizziness			Blood		✓	Muscle Problem		✓
Blackouts		✓	Stomach Pain		✓	Joint Problem		✓
DT's		✓	Heartburn		✓	Arthritis		✓
Headaches		✓	Ulcer		✓	Comments		
Seizures		✓	Nausea/Vomiting		✓			
Nervous Disorder	✓		Gall Bladder		✓	Regular Menstrual Period		
Throat		✓	Liver		✓	Irregular Menstrual Period		
Teeth		✓	Hepatitis		✓	# of days Menstrual Period		
Asthma		✓	Diabetes		✓	LMP		
Hay Fever		✓	Kidney Disease		✓	Gravida/Para		
Pneumonia	✓	✓	Bladder Infection	✓		Last Pap		
Tuberculosis			Trouble Voiding	✓		Contraception		
Heart	✓		Pediculi (lice)		✓	Other		

Additional Notes: Cataracts bilaterally, PNEUMONIA 1994

EXAM:

Age 53 Sex M Race BLACK Ht. 72" Wt. 180#
BP 102/56 Pulse 76 Resp 18 Temp 97.6

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.		ABRASION ON (L) ARM	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum	WNL	
Head: Glasses Pupils Sclera Conjunctiva Vision		Reading + Regular eye glasses	Heart: Auscultation Radial pulses Apical pulse Rhythm		Heart palpitation Sometimes
Ears: Appearance Canals Hearing	WNL		Extremities: Pulses Edema Joints	WNL	
Mouth: Teeth/Gums Dentures Plates Throat Tongue Tonsils	WNL		Abdomen: Shape Palpation Hernia Bowel Sounds	WNL	H
Nose	WNL		Spine	WNL	
Neck: Veins Mobility Thyroid Carotids Lymph nodes	WNL		Genital/Urinary System		Prostate problem Frequency + urgency

LABORATORY TESTS

	Date & Initial	Results
Was PPD. planted and read timely? Yes or <u>No</u>		+ SKIN test
VDRL / RPR		treated 2 INH x 1 yrs
Other Lab Tests needed:		
Pregnancy Test?		

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)	WNL	
General appearance (motor behavior, mannerisms)	WNL	
Affect (mood)	WNL	
Content of thought, history of suicide, present thoughts of suicide	WNL	

Physical Examiner's Signat

Physician's Signature:

Rosie OwensDate: 9 Apr 06Date: 9/16/06

SOUTHERN RADIOLOGY SERVICES, LLC
X-RAY REPORT

DATE	LAST NAME	FIRST NAME	MI
4/10/2006	COOPER	DAVID	
D.O.B.	SEX	FACILITY	
8/23/1952		MONTGOMERY COUNTY JAIL	
ORDERING PHYSICIAN		X-RAY NO.	
NICHOLS		MT9831	

AP PORTABLE CHEST -- 4/10/06

FINDINGS: I see no evidence of air space disease or pleural effusion.
Cardiomediastinal silhouette appears grossly unremarkable. Patient status post
sternotomy with intact sternal wires.

IMPRESSION: No acute pulmonary disease.

dictated BUT NOT REVIEWED



William Abbott, M.D./cdw

tt: 4/10/2006 2:45:08 PM

td: 4/10/2006 2:30:22 PM

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:	S.S. #:
4/18/06	<p>was supposed to have had his 3rd heart surgery ~ 4/6 but didn't have it done b/c people were persecuting him. Don't know what heart doctors name was. Has some tightness in chest & SOB. Denies edema. Denies xphosoria.</p> <p>Platt's surgery. AVR in 1982 & again in 1993-</p> <p>medical - No h/o MI.</p> <p>was on cardura, ASA, Tylenol on the outside - Had a ml CXR done on 4/10/06.</p> <p>PE: lungs - clear ad - RRR 3/6 systolic and Bas Tach @</p> <p>A: S/P AVR across the cord area. Ext - No edema. Dyspnea - No signs of CHF at this time</p> <p>Plan -> get records from Baptist South made 50 1/2 gpm.</p> <p>4/22/06 Has had a lot of urinary hesitancy. Getting cardura 2mg 5AM.</p> <p>PE: lungs - clear E - RRR @ or above</p> <p>A: S/P AVR BPH</p> <p>Plan -> T cardura to 2mg bid x 2 days then 4mg bid.</p>		

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Dr. Nichols
Please review
Medical Records
from Baptist and
make a note as
to further Medical
Treatment

Dr. Nichols

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:	S.S. #:
4/28/06	Psychiatry		
	53 y/o. S.A. 7 Co. Arly. Dancer.		
	Enjoys prostate, tx. M-TN		
	History of paranoid schizophrenia. tx. Mauds.		
	in North Eastern U.S. Virgin, Connecticut.		
	4 Meds. Seroquel 200, BID.		
	Took Triclabazone as per. Bure. Triclabazone.		
	Triclabazone 450 tpo BID.		

Physician's Orders

Southern Health Partner's, Inc.

Inmate Name: Cooper, David
 SS#: 082-44-2746
 DOB: 8/23/52
 Allergies: NKA

Facility:
 Montgomery
 County
 Jail

Date: 4/9/06

Date:

Seroquel 200mg + po Bid
ASA 81mg + po qd
BDoxazosin 2mg + po qd

M.D. Sig: Dr. V. O. De. Nichols / C. D. [Signature]

M.D. Sig:

Date: 4/17/06

Date:

De Congestine + po Bid x 1d
Gaulex + po Bid x 1d

M.D. Sig: Dr. V. O. De. Nichols / C. D. [Signature]

M.D. Sig:

Date:

Date:

4/18/06

maxide 50 1/2 1/2 AM.
[Signature]

M.D. Sig:

M.D. Sig:

Date: 4/25/06

Date:

Cardura 50 2mg bid x 2 days, then
4mg bid.

M.D. Sig:

M.D. Sig:

Name: <i>David Cooper</i> D.O.B.: <i>8/23/52</i> Allergies: <i>NKA</i> Use Last Name: <i>Cooper, David</i> Date: <i>4/28/06</i> D.O.B.: <i>8/23/52</i> Allergies: <i>NKA</i> Use Last Name: <i>Cooper, David</i> Date: <i>5/12/00</i>	Diagnosis (if chg'd): <i>Schizophrenia</i> <i>① Trilev 4/50 T.p.o. B.I.D.</i> <i>② Zyprexa</i> <input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted Diagnosis (if chg'd): <i>D.C. Serenid</i> <i>③ Zyprexa</i> <input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted Diagnosis (if chg'd): <input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted Diagnosis (if chg'd): <input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted Diagnosis (if chg'd): <input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted Diagnosis (if chg'd): <input type="checkbox"/> Generic Substitution is <u>NOT</u> Permitted Diagnosis (if chg'd):
---	--

Handwritten notes:
 noted 4/28/06
 noted 5/12/00
 A. Gordon

MEDICATION ADMINISTRATION RECORD

[illegible]

FORM A-55

STOCK #506423

DATE OF BIRTH	3-1-06	THROUGH	5-31-06	Telephone No.	Medical Record No.
NAME	NCA			All Telephone	
ADDRESS				Rehabilitative Potential	
EDUCATION NUMBER	Medicare Number	Approved By Doctor:			
		By: William S. Ph		Title: A-4	Date:
SIGNATURE	Ember David	Room	31	Patient	Admission

MEDICATION ADMINISTRATION RECORD

out of own seroquel - Triavil started

MEDICATIONS

HOUR

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Seroquel 200mg Tpo Bid 4/9/06	AM																															
	PM																															
ASA 81mg + po qd 4/9/06	AM																															
	PM																															
oxazepam (Cardura) 2mg Tpo qd 4/9/06	AM																															
	PM																															
DeCongestant SR + po Bid qd 4/17-4/24/06	AM																															
	PM																															
gabapentin Dm Tpo Bid qd 4/17-4/24/06	AM																															
	PM																															
Mantle 50mg Tob + po qd 4/18/06	AM																															
	PM																															
Cardura 2mg Bid 4/18/06	AM																															
	PM																															
4mg po BID 4/18/06	AM																															
	PM																															
Triavil 4/30	AM																															
	PM																															

DATE	4/9/06	THROUGH	4/30/06
NAME	NKLA		
ADDRESS			
PHONE			
ALTERNATE PHONE			
REHABILITATIVE POTENTIAL			
INSURANCE NUMBER			
APPROVED BY DOCTOR			
BY			
TITLE			
DATE			
DOCTOR	Blasler m 2A		

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
✓ Serquel 200mg + PO BID	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4/10/06	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 81mg - PO	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
90	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
10/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Doxazosin (Cardura)	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
2mg + PO qd	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
7/09/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DeCongestant R +	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PO BID	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4/17-4/24/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Longeneas + PO	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4/17-4/24/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Manitol 50mg	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tob + PO qd	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4/18/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Cardura 2mg BID	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
x 2	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4/18/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4mg PO BID	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
4/18/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

HARTING FOR: 4/18/06	THROUGH: 4/30/06	Telephone No.	Medical Record No.
Physician		Alt. Telephone	
E. Physician		Rehabilitative Potential	
Diagnosis			
Medical Number	Medicare Number	Approved By Doctor:	
		By:	
RESIDENT: Cooper, David		D.O.B. 03/26/62	
		Room 2A	
		Patient Code	
		Date:	

MEDICATION ADMINISTRATION RECORD

MEDICATION		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sargol 100mg t po Bid	4/10/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ASA 81mg t po qd	4/10/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Doxazosin (Cardura) 2mg t po qd	4/10/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DeCongestant SL t po Bid	4/17-4/24/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Compazine 10mg t po Bid	4/17-4/24/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morphine 50mg t po qid	4/18/06	Am	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		Pm	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

CHARTING FOR 4/9/06		THROUGH 4/30/06		Telephone No.		Medical Record No.	
Physician				Alt. Telephone			
Alt. Physician				Rehabilitative Potential			
Allergies NKA							
Diagnosis							
Medicaid Number		License Number		Approved By Doctor:			
				By:		Title:	
RESIDENT: Cooper, David		D.O.B. 8/25/52		Room 2A		Admission Date	

Southern Health Partners, Inc.
JAIL MEDICAL UNIT

RECEIVED
JUL 28 2006

INMATE SICK CALL SLIP

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member.

Today's Date: 6-7-06 Pod/Location: 2A Cell: 2A

Name: DAVID COOPER
ID#: 7743

Complaint/Problem: Chest pain begin on 6-5-06
continue due to third heart surgery needed

How long have you had this problem? Since 6-5-06

TO BE COMPLETED BY MEDICAL STAFF:

Vital Signs: Temp _____ Resp _____ Pulse _____ B/P _____

Instructions/Assessment:
Refused

- ☐ Follow-Up Required? If checked, date to be seen again _____
- ☐ Chronic Condition
- ☐ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical 6/9/06 Seen by: [Signature]

Place original form in patient's medical record.

Patient Information


**AERAS
PHYSICIAN
ORDER SHEET**

Date/Time	TEST	SYMPTOMS			
PROCEDURE SET-UPS					
<input type="checkbox"/>	Visual Acuity				
<input type="checkbox"/>	Eye Box	<input type="checkbox"/> Morgan Lens	<input type="checkbox"/> Corneal Burr	<input type="checkbox"/> Dacriose	
<input type="checkbox"/>	Nose Tray	<input type="checkbox"/> Tetracaine	<input type="checkbox"/> Tonner	<input type="checkbox"/> Woods Lamp	
<input type="checkbox"/>	Dental Box	<input type="checkbox"/> Head Light			
<input type="checkbox"/>	Ortho Box				
<input type="checkbox"/>	Pelvic Exam				
<input type="checkbox"/>	Lumbar Puncture				
<input type="checkbox"/>	NG-Tube				
<input type="checkbox"/>	Splint				
<input type="checkbox"/>	Crutch Walking				
<input type="checkbox"/>	Suture Set-Up				
BEHAVIORAL HEALTH					
<input type="checkbox"/>	Psychiatric Evaluation/Screening				
<input type="checkbox"/>	Restraints	See Restraint Order Sheet			<input type="checkbox"/> 1:1 Seclusion
IV FLUIDS					
<input checked="" type="checkbox"/>	IV Site x1 x2				
<input type="checkbox"/>	IV Bolus	<input type="checkbox"/> _____ X500ml	<input type="checkbox"/> _____ 1 Liter	<input type="checkbox"/> _____ 2 Liters	
<input type="checkbox"/>	IV Fluids	_____ at _____ ml/hr	_____ at _____ ml/hr	_____ at _____ ml/hr	
<input type="checkbox"/>	IV Critical Drips	Cardizem	Nitroglycerin	Dopamine	
		Nipride	Integrilin	Other	
TIME	MEDICATIONS		TIME	MEDICATIONS	
TIME	<input type="checkbox"/> See additional medication order form.				
CONSULTS					
<input checked="" type="checkbox"/> Primary Physician		<input type="checkbox"/> On-Call Specialist		<input type="checkbox"/> GMS/FMS/Hospitalist	
Time Notified		Time Notified		Time Notified	
Time Responded		Time Responded		Time Responded	
				<input type="checkbox"/> Other	
				Time Notified	
				Time Responded	
DISPOSITION					
TIME	DISCHARGE	ADMISSION	TRANSFER	EXPIRED	
	<input type="checkbox"/> Home	<input type="checkbox"/> Regular Room # _____	<input type="checkbox"/> Hospital	<input type="checkbox"/> Coroner Called	
	<input type="checkbox"/> AMA signed unsigned	<input type="checkbox"/> Telemetry Room # _____	<input type="checkbox"/> Psychiatric/Meadhaven	<input type="checkbox"/> Death Certificate Signed	
	<input type="checkbox"/> Elopement	<input type="checkbox"/> Observation Room # _____	<input type="checkbox"/> Other		
	<input type="checkbox"/> LBMSE	<input type="checkbox"/> Surgery			
	<input type="checkbox"/> Work/School Excuse Provided x's _____ Days		<input type="checkbox"/> Workers Comp Papers Initiated		
PHYSICIAN SIGNATURE:			EXTENDER SIGNATURE:		
Certified Medical Emergency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Dictation # _____		




ER 160

PAGE 4 OF 4 Form #ER 16005 Revised 02/13/06

PRINTED BY: b17606

DATE 4/19/2006

Nursing Chart Long Form Page 2

Airway and C-spine <input checked="" type="radio"/> WNL <input type="radio"/> Abnormal		<input type="radio"/> Clear <input type="radio"/> Obstructed <input type="radio"/> Intubated size _____ cm @ lip _____ <input type="radio"/> C-spine secured by ED staff		 80609400139 COOPER, DAVID DOB: 08/23/52 Age: 53Y MR #079236 Admit Date/Time: 04/04/06 0902A 2328 GUTIERREZ, CARLOS M			
Breath Sounds <input checked="" type="radio"/> WNL / Clear <input type="radio"/> Abnormal		Rates R <input type="radio"/> O <input type="radio"/> O L <input type="radio"/> O <input type="radio"/> O	Rhonchi <input type="radio"/> O <input type="radio"/> O <input type="radio"/> O <input type="radio"/> O	Wheezes <input type="radio"/> O <input type="radio"/> O <input type="radio"/> O <input type="radio"/> O	Diminished <input type="radio"/> O <input type="radio"/> O <input type="radio"/> O <input type="radio"/> O	Absent <input type="radio"/> O <input type="radio"/> O <input type="radio"/> O <input type="radio"/> O	
Respiratory <input checked="" type="radio"/> WNL <input type="radio"/> Abnormal		<input type="radio"/> Labored <input type="radio"/> Apneic <input type="radio"/> Rapid <input type="radio"/> Retractions <input type="radio"/> Shallow <input type="radio"/> Stridor <input type="radio"/> Nasal Flaring <input type="radio"/> Tracheal deviation			<input type="radio"/> Expiratory Grunting <input type="radio"/> Cough - Productive <input type="radio"/> Cough - Non-productive <input type="radio"/> Sputum: color _____	<input type="radio"/> Home Oxygen _____ L/min	
Cardiovascular <input type="radio"/> WNL <input type="radio"/> Abnormal		<input type="radio"/> Thready/weak <input type="radio"/> Diaphoresis <input type="radio"/> Arrhythmia		<input checked="" type="radio"/> Chest Pain/Tightness <input type="radio"/> Dizziness <input type="radio"/> Edema	<input type="radio"/> Irregular <input type="radio"/> Cyanosis <input type="radio"/> Pulses X 4	Notes: Monitor Rhythm <input type="radio"/> See Strips <input type="radio"/> ICD	
Neurological <input checked="" type="radio"/> WNL <input type="radio"/> Not Assessed <input type="radio"/> Playful <input type="radio"/> Interactive with environment		<input type="radio"/> LOC <input type="radio"/> Headache <input type="radio"/> Disoriented <input type="radio"/> Speech difficulty / slurred <input type="radio"/> Responds to Voice only <input type="radio"/> Change in mental status		<input type="radio"/> Combative <input type="radio"/> Syncope <input type="radio"/> Seizures <input type="radio"/> Confusion <input type="radio"/> Responds to Pain only <input type="radio"/> Moves all extremities	<input type="radio"/> Lethargic <input type="radio"/> Tremors <input type="radio"/> Vertigo/Dizzy <input type="radio"/> Unresponsive <input type="radio"/> Follows commands	Notes: <input type="radio"/> Seizure precautions <input type="radio"/> Neuro vital signs (see NN) <input type="radio"/> Glasgow Coma Scale _____ <input type="radio"/> CVA Protocol (NIH Stroke Scale)	
GI <input checked="" type="radio"/> WNL <input type="radio"/> Not Assessed		<input type="radio"/> N/V/D <input type="radio"/> Vomiting x _____ <input type="radio"/> BS + -		<input type="radio"/> Gramping <input type="radio"/> Pain <input type="radio"/> Bleeding	<input type="radio"/> Constipation <input type="radio"/> Distention <input type="radio"/> Weight Loss / Gain	<input type="radio"/> Rigid Abd <input type="radio"/> Tender Abd <input type="radio"/> Last BM _____	<input type="radio"/> Nutritional risk Yes No <input type="radio"/> Dentures Upper Lower <input type="radio"/> Meal Given
GU / GYN <input checked="" type="radio"/> WNL <input type="radio"/> Not Assessed		<input type="radio"/> Pregnant <input type="radio"/> G P A <input type="radio"/> EDC <input type="radio"/> FHTs		<input type="radio"/> Pain <input type="radio"/> Distention <input type="radio"/> Hematuria <input type="radio"/> Burning	<input type="radio"/> Freq/urgency <input type="radio"/> Incontinent <input type="radio"/> Flank pain L R <input type="radio"/> Blood at Meatus	<input type="radio"/> Amenorrhea <input type="radio"/> Dysmenorrhea <input type="radio"/> Vaginal Bleeding <input type="radio"/> Discharge	Notes: <input type="radio"/> Ostomy <input type="radio"/> Foley size _____ Urine description:
Musculo-skeletal <input checked="" type="radio"/> WNL <input type="radio"/> Not Assessed		<input type="radio"/> Pain <input type="radio"/> Swelling <input type="radio"/> Deformity		<input type="radio"/> Unable to Assess Gait <input type="radio"/> Unsteady gait <input type="radio"/> Assist Device	<input type="radio"/> Splinting <input type="radio"/> Weakness <input type="radio"/> History of falls	Notes: R L Handed Gait Device: Cane Walker Crutches W/C Prosthesis	
Integumentary <input checked="" type="radio"/> Intact <input type="radio"/> Not Assessed		<input type="radio"/> Bruises <input type="radio"/> Rash <input type="radio"/> Abrasions		<input type="radio"/> Wound <input type="radio"/> Laceration <input type="radio"/> Lesions	<input type="radio"/> Pale <input type="radio"/> Cyanotic <input type="radio"/> Jaundice <input type="radio"/> Fistula: Location _____ <input type="radio"/> Bruit + - <input type="radio"/> Thrill + -	Notes: <input type="radio"/> Exposure to Chemicals <input type="radio"/> Burns	
EENT: <input checked="" type="radio"/> WNL <input type="radio"/> Not Assessed		<input type="radio"/> Eye R L Both Pupil size R _____ mm L _____ mm <input type="radio"/> Ear R L Both <input type="radio"/> Drainage <input type="radio"/> Nose <input type="radio"/> Throat <input type="radio"/> Dental		<input type="radio"/> Hearing Aid: R L B <input type="radio"/> Itching <input type="radio"/> Congestion	<input type="radio"/> Pain <input type="radio"/> Redness	<input type="radio"/> Visual Acuity R 20/____ L 20/____ B 20/____ Glasses Contacts	
Psychiatric: <input checked="" type="radio"/> WNL <input type="radio"/> Not Assessed		<input type="radio"/> Memory changes <input type="radio"/> Depression <input type="radio"/> Anxiety		<input type="radio"/> Delusions <input type="radio"/> Insomnia <input type="radio"/> Hallucinations	<input type="radio"/> Calm <input type="radio"/> Hostile <input type="radio"/> Agitated	<input type="radio"/> Suicidal ideations <input type="radio"/> Homicidal ideations <input type="radio"/> Plan? Yes No	Notes: <input type="radio"/> Environment secured <input type="radio"/> Restraints Present
Suspected: <input checked="" type="radio"/> None <input type="radio"/> Child/Elder Abuse <input type="radio"/> Sexual Assault <input type="radio"/> Domestic Violence <input type="radio"/> Victim of Violent Crime		Communication Deficit: <input checked="" type="radio"/> No deficit <input type="radio"/> Language barrier <input type="radio"/> Hearing impaired <input type="radio"/> Uses Sign Language <input type="radio"/> Visually impaired <input type="radio"/> Altered Mental Status <input type="radio"/> Translator _____ Dominant Language: _____		Barriers to learning: <input checked="" type="radio"/> None <input type="radio"/> Physical limits <input type="radio"/> Emotional <input type="radio"/> Cultural <input type="radio"/> Religious/Spiritual <input type="radio"/> Suspected low literacy skills <input type="radio"/> Developmental disability		Support System: <input checked="" type="radio"/> Lives Alone <input type="radio"/> Family/Significant Other <input type="radio"/> Minor w/ Parent <input type="radio"/> Minor w/o Parent <input type="radio"/> Nursing Home <input type="radio"/> Assisted Living Home <input type="radio"/> Other Marital Status: <input checked="" type="radio"/> S <input type="radio"/> M <input type="radio"/> W <input type="radio"/> D	
Referrals/Reporting: <input type="radio"/> Social Service <input type="radio"/> Behavioral Health <input type="radio"/> Police / Security <input type="radio"/> CPS / APS / DHHR <input type="radio"/> Animal Bite <input type="radio"/> Poison Control <input type="radio"/> SART / SANE		Developmental Milestones <input type="radio"/> Achieved <input type="radio"/> Delayed		Safety measures addressed <input type="radio"/> Side rails Up <input type="radio"/> ID Bracelet On <input type="radio"/> Risk of falls <input type="radio"/> Falls Bracelet		Nurse Signature (Nurse completing assessment) _____ ID # _____ Time _____ DATE 4/19/06	



80609400139 COOPER, DAVID
DOB: 08/23/52 Age: 53Y MR #: 079236
Adm Date/Time: 04/04/06 0902A
2328 GUTIERREZ, CARLOS M



Baptist Nursing Chart

HEALTH Long Form

Page 1

Patient Name: Cooper, David Arrival Time: 0855
Family Doctor: [Signature] Triage Time: 0855

Date: 4/4/06 Source: ☐ Patient ☒ Other: Adm Birthdate: 08/23/52 Age: 53Y ☐ Pediatric (>29 days - 12 years)
Sex: ♂ M ♀ F LMP: Weight kg (Actual) Height Immunization status: Last Tetanus:

Allergies: ☒ NKA ☐ Latex

Allergy Reaction:

CHIEF COMPLAINT/Reason for Visit:

- ☐ Return visit Same Day
☐ Return visit within 72 hours
☐ Workers Comp

clp palpitations

MODE / METHOD OF ACCESS

Arrival Mode:	Entered by:	Patient Admitted from:	Treatment Prior to Arrival:
<input checked="" type="radio"/> Automobile/Other	<input type="radio"/> Ambulatory	<input type="radio"/> Home	<input type="radio"/> None
<input checked="" type="radio"/> Ambulance / Air	<input type="radio"/> Wheelchair	<input type="radio"/> Physician Office	<input type="radio"/> Ice
<input type="radio"/> Law enforcement	<input checked="" type="radio"/> Stretcher	<input type="radio"/> Nursing Home	<input type="radio"/> Dressing(s)
<input type="radio"/> Auto Assist	<input type="radio"/> Carried	<input type="radio"/> Hospital	<input type="radio"/> Splint(s)
	<input type="radio"/> Other	<input checked="" type="radio"/> Other	<input type="radio"/> C-collar/Backboard
			<input type="radio"/> O2 Therapy
			<input type="radio"/> Airway
			<input type="radio"/> Intubation
			<input type="radio"/> Monitor
			<input type="radio"/> ACLS Protocol
			<input type="radio"/> IV
			<input type="radio"/> Medications
			<input type="radio"/> CPR
			<input type="radio"/> Glucose
			<input type="radio"/> Decon

VITAL SIGNS TAKEN: ☐ SITTING ☐ LYING ☐ STANDING

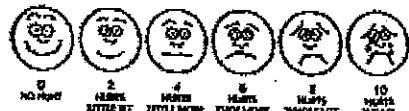
Time	Temp	Route	Pulse	Resp	B/P	Pulse Ox	Time	Orthostatic Vital Signs
0859	98.2	O	103	14	138/51	95%		>+0
								Pulse 134/60 138/56 131/57
								B/P 96 100 117

PAIN SCALE

Numeric Scale 0=No Pain 10=Worst Pain Imaginable

☒ Pain Intensity Rate: 0 Rest: 0

☐ Face Scale: (Faces Scale/Wong & Baker) / FLACC



Onset of pain:

Location of pain:

Quality:

Trauma Assessment ☐ Yes ☒ No

☐ Assault ☐ MVC Speed

☐ Stab Impact: Rear / Front / T-Bone

☐ GSW ☐ Driver ☐ Passenger

☐ Fire ☐ Front ☐ Rear

☐ Fall ☐ Airbag ☐ Restrained

☐ Motorcycle ☐ Bicycle

Helmet ☐ Yes ☐ No

☐ Other

Level of consciousness: ☒ A&O x3 ☐ disoriented to: person / place / time / situation
☐ dementia ☐ decreased LOC ☐ unconscious/comatose

Skin: ☒ Warm & Dry ☐ Hot ☐ Cool ☐ Cold ☐ Clammy ☐ Diaphoretic ☐ Pale

Safe in home: ☐ Yes ☒ No Intervention: He & Mary just moved home

ADVANCE DIRECTIVES ☐ DNR ☐ LIVING WILL ☒ NONE ☐ Information Given

Past Medical History: ☐ Denies ☐ Unable to Assess

Exposure to: ☐ HIV ☐ Aids ☐ SARS ☐ STD Symptoms:

Vaccinations: ☐ Pneumonia ☐ Influenza ☐ Information Provided

Tobacco Pack/day Alcohol drinks/day Substance Abuse ☐ Cessation Advised

Neuro: CVA TIA Migraines Seizures

GYN: Pregnant now Ectopic

EENT: Cataract Glaucoma HOH Blind

Ortho: Osteo Arthritis Back pain

Cardiac: MI CHF CABG HTN Pacer Dysrhythmia

Endo: Thyroid Diabetes

Pulmonary: Asthma Bronchitis COPD Pneumonia

Cancer:

GI: Ulcers GI Bleed Constipation Diverticulitis

Psychiatric: Depression Alzheimer

GU: UTI Kidney Stone Prostate Dialysis AV Shunt

Autism Parkinson's Bi-polar

Schizophrenia Prior Psych Adm

Hostile on admission

CURRENT MEDICATION(S)

Meds Disposition: ☐ Patient ☐ Family ☒ Other

☐ None ☒ See Medication List (attached)

☐ Narcotics

Drug:

Count

Nurse 1

Nurse 2

TRIAGE INTERVENTION(s): ☐ Ice/Elevation ☐ Dressing/Splint ☐ Glucose ☐ EKG ☐ C-Collar ☐ Respiratory Precautions

Triage Category:

Triage disposition time TO ☐ ER Bed ☐ FT Bed

Triage Nurse Signature: [Signature] ID #

☐ Waiting Room ☐ Hallway Bed Report to:



PRINTED BY: b17606

DATE 4/19/2006

Form ER 16002 Rev. 01/27/06

0609400139 04/04/01 315P

COOPER, DAVID
362 N ANTON DR

MONTGOMERY AL 36105

COOPER, DAVID
362 N ANTON DR

MONTGOMERY AL 36105

M 08/23/52 53Y 2 J I OBS CAROBS 484/0 079236

082-44-2746
(334)265-2032
MONTGOMERY

NOT EMPLOYED

08/23/52 53Y
082-44-2746
(334)265-2032
SELF

NOT EMPLOYED

786.50-CHEST PAIN NOS

U

01/31/05 COOPER, DAVID

HAYNES AMBULANCE

3074 GMS, AHMED L

11 04/04/06

3074 GMS, AHMED L

EMERGENCY

7

ED

A09 01/31/05 YES
NO, PCP

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GUTIERREZ, CARLOS M
DATE 4/19/2006

0609400139 04/04/06 b2A	M 08/23/52 53Y 2 . 0 E/R ER E/R /	079236
COOPER, DAVID	082-44-2746	
362 N ANTON DR	(334)265-2032	
MONTGOMERY AL 36105	MONTGOMERY	NOT EMPLOYED
COOPER, DAVID	08/23/52 53Y	
362 N ANTON DR	082-44-2746	
MONTGOMERY AL 36105	(334)265-2032	NOT EMPLOYED
	SELF	

CHEST PAIN

U

01/31/05 COOPER, DAVID

HAYNES AMBULANCE

2328 GUTIERREZ, CARLOS M

11 04/04/06

2328 GUTIERREZ, CARLOS M

EMERGENCY 7

ED

AR2 01/31/05 YES
NO, PCP

PRINTED BY: b17606

GUTIERREZ, CARLOS M
DATE 4/19/2006

0609400139 04/04/06 902A M 08/23/52 53Y 2 J O E/R ER E/R / 079236

COOPER, DAVID
362 N ANTON DR

082-44-2746
(334) 265-2032
MONTGOMERY

MONTGOMERY AL 36105

NOT EMPLOYED

COOPER, DAVID
362 N ANTON DR

08/23/52 53Y
082-44-2746
(334) 265-2032
SELF

MONTGOMERY AL 36105

NOT EMPLOYED

CHEST PAIN

U

01/31/05 COOPER, DAVID

HAYNES AMBULANCE

2328 GUTIERREZ, CARLOS M

11 04/04/06

2328 GUTIERREZ, CARLOS 1

EMERGENCY 7

ED

AR2 01/31/05 YES
NO, PCP

GUTIERREZ, CARLOS M
DATE 4/19/2006

PRINTED BY: b17606



0809400139 COOPER,DAVID



Baptist Health
I/P AND O/P
ADMISSIONS AND FACESHEET

FC 29		INIT PB	
0809400139	04/04/06	0902A	08/23/52 53Y
NAME & ADDRESS COOPER,DAVID 362 N ANTON DR MONTGOMERY AL 36105		DOB 08/23/52 53Y SSN 082-44-2746 PHN (334)265-2032 COUNTY MONTGOMERY	EMPLOYER NOT EMPLOYED
NAME & ADDRESS COOPER,DAVID 362 N ANTON DR MONTGOMERY AL 36105		DOB 08/23/52 53Y SSN 082-44-2746 PHN (334)265-2032 REL SELF	EMPLOYER NOT EMPLOYED
NAME & ADDRESS		DOB AGE SSN PHN REL	EMPLOYER NOT EMPLOYED
NAME & ADDRESS		DOB AGE SSN PHN REL	EMPLOYER NOT EMPLOYED
INSURANCE CARRIER		INSURED NAME	REL TO INSURED
SUBSCRIBER ID#		GROUP NAME	GROUP NUMBER
GROUP PHONE#		APPROVAL#	CONTACT
CONTACT ADDRESS			CITY/STATE/ZIP
INSURANCE CARRIER		INSURED NAME	REL TO INSURED
SUBSCRIBER ID#		GROUP NAME	GROUP NUMBER
GROUP PHONE#		APPROVAL#	CONTACT
CONTACT ADDRESS			CITY/STATE/ZIP
INSURANCE CARRIER		INSURED NAME	REL TO INSURED
SUBSCRIBER ID#		GROUP NAME	GROUP NUMBER
GROUP PHONE#		APPROVAL#	CONTACT
CONTACT ADDRESS			CITY/STATE/ZIP
DIAG CODE DIAGNOSIS		ALLERGIES	
CHEST PAIN			
ACCIDENT TYPE		NATURE OF ACCIDENT	ACCIDENT DATE
ARRIVAL MODE		REFERRING FACILITY	CHURCH/DENOMINATION
HAYNES AMBULANCE			
ADMITTING PHYSICIAN		PRIMARY CARE PHYSICIAN	
2328 GUTIERREZ,CARLOS M		NO PCP	
ATTENDING PHYSICIAN		REFERRING PHYSICIAN	
		2328 GUTIERREZ,CARLOS M	
LOCATION		EIR PHYSICIAN	
ADMISSION TYPE			
EMERGENCY			



FS 100

PRINTED BY: b17606

DATE 4/19/2006

Last Printed: 04/04/2006 09:08:11

Cooper, Pa



80809400138 COOPER, DAVID
 DOB: 08/23/52 Age: 53Y MR #: 079236
 Admit Date/Time: 04/04/06 1345P
 3074 GMS, AHMED L



PROGRESS RECORD

Date	Time	Description
4/4/06		<p>CLC: Chest Pain, palpitations</p> <p>Hx: 53 year old AA CLC palpitations this morning, when he was at a drug store. Intermittent. No HTA / Lac / Seizures.</p> <p>Chest pain pre-cordial region - substernal non-radiating. Not ass with any aggravating or relieving factors. Lasting 1-2 hours.</p> <p>Perspiration & dizziness on and off.</p> <p>SOB. exertional. orthopnea (occasional PND).</p> <p>Decrease appetite. ↓ weight (20 to fund P/I/I)</p> <p>PMH: Heart aortic valve repair 1982, 1993</p> <p>pericardial valve. No coronary atherosclerosis except AAA. HTN, BPH</p> <p>Ad. NISPA</p> <p>PSH: Aortic valve repair</p> <p>Social: On disability. does not wish to live with family members on street.</p> <p>Tobacco 40 pack year</p> <p>No alcohol, drugs. Not married, 2 children.</p> <p>F/H - CAA, PAF</p>



PN 360

PN 30001 Revised 8/03

PRINTED BY: b17606 DATE 4/19/2006



COOPER, DAVID
 ID# 009400139
 DOB: 08/23/52 Age: 53Y MR# 079236
 Admit Date/Time: 04/04/06 0902A
 2328 GUTIERREZ, CARLOS M

UAB
 MONTGOMERY INTERNAL
 MEDICINE RESIDENCY
 PROGRAM

ADMISSION HISTORY AND PHYSICAL

Assessment/Plan (continued):

- fluids b/o ? H/O CHF
- ③ H/O Aortic Valve Replacement - Aware.
 - ④ HTN - Cont off meds. Will titrate
 - ⑤ BPM - Cont off meds.
 - ⑦ DVT proph - LMWH.
 - ⑧ GI proph - Protonix
 - ① LFTs - will ✓ Hepatitis panel

Puneet Bajaj, M.D.
 UAB General Medical Service

Resident Physician Signature

Attending Physician Comments:

I have reviewed the history and physical exam of Dr. Bajaj, interviewed and examined the patient personally, and reviewed the ancillary diagnostic data. I agree with the findings, assessment, and plans summarized above.

AS/AT. Get records. I have a feeling that
 he may require re AVR. Dismissed e pt.

Facility Physician Signature

Form #HP 20007 Revised 01/06/06

Page 4 of 4

PRINTED BY: b17606

DATE 4/19/2006





00009400139 COOPER, DAVID
DOB: 08/23/52 Age: 53Y MR # 079236
Admit Date/Time: 04/04/06 0902A
2328 GUTIERREZ, CARLOS M

UAB
MONTGOMERY INTERNAL
MEDICINE RESIDENCY
PROGRAM

ADMISSION HISTORY AND PHYSICAL

LABS

Ca: _____ Mg: _____ Po4: _____ DBili: _____ MCV: _____
AST: 95 ALT: 64 Alk phos: 96 TBili: 0.8 U/A: _____
Albumin: _____ PT: 11.1 PTT: 2.7 INR: 0.87 ABG: _____

Segs: ⁷⁶ Bands: ¹³ Lymphs: ¹⁰ Monos: ¹ Eos: ¹
135/99/11/99
3.6/29/0.8/8.4 6.0/11.9/34.8/17.8

Radiology:

CXR - Mild Cardiomegaly.

EKG - S Tachy & PVC's
Lr Abn. enlargement, LVM

Other Diagnostic Tests:

TP/ALB 6.6/3.2

ETOH 0

Trop 0.11

UDS - Benzo (D)

Impression: ① Palpitations - DD's MI vs arrhythmias, vs pneumonia vs pneumothorax vs vol depletion vs PE vs GERD, prob 2° to arrhythmia (? Afib paroxysmal). Will admit for observation. ✓ Propofol to R/O MI. Will prob. need o/p Holter monitor. ~~Also~~ will get all records from "North Broward Med Center" including 2D Echo & carotid v/s. ~~with~~ ^{give} ~~FLP~~ ^{blockers}

Assessment and Plan

② Syncope - DD's: MI vs TIA vs CVA vs vol depletion vs heat stroke vs arrhythmia. Will get records. Consider CT Head/MRI after 24h. Will carefully replace. ✓ TSH & free T₄



HP 200

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Physician Signature Junect Bajaj, M.D.
UAB General Medical Service

Form #HP 20007 Revised 01/06/06

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BARCODE: 100137 COOPER, DAVID
 DOB: 08/23/52 Age: 53Y MR #: 079236
 Admit Date/Time: 04/04/06 0902A
 2328 GUTIERREZ, CARLOS M



MONTGOMERY INTERNAL
 MEDICINE RESIDENCY
 PROGRAM

ADMISSION HISTORY AND PHYSICAL

Family History

Mother:

Father:

Siblings:

HTN, CAD

Social History:

Employ:

Tobacco 40 pack-yr.

ETOH: ⊕

Drugs ⊕

Sexual History:

Review of Systems: Circle Pertinent (✓ □ if negative)

- ☐ Gen: appetite, weight change, fevers, night sweats,
- ☐ Head: headache, loss of consciousness, trauma,
- ☐ EENT: vision, hearing, otitis, sinusitis, sore throat,
- ☐ Respiratory: hemoptysis, cough, dyspnea, wheezing, pleurisy,
- ☐ CV: Chest pain, orthopnea, PND, palpitations, murmur,
- ☐ GI: nausea, vomiting, abd, pain, dysphagia, melana, hematemesis,
- ☐ GU: hematuria, dysuria, frequency, hesitancy, sores, urethral/vaginal discharge,
- ☐ Menses: menarche, irregularity, menopause, post menstrual bleeding,
- ☐ Rheumatology: pain, swelling, stiffness, locking of joints,
- ☐ Endocrinology: polyuria, polydipsia, heat or cold intolerance,
- ☐ Hematology: prolonged bleeding, easy bruising, anemia,
- ☐ Dermatology: rashes, pruritus, mole or tumor,

Physical Exam B/P: 138/51 P: 103 RR: 14 T: 98.2 O2 Sat: 95% RA 6-138/60

General:

Abdomen:

Soft, NT, BS ⊕

Q 138/56
 P 100
 Q 131/59
 P 117

HEENT: PERRL, EOMI.

GU/Rectal

NECK: JVD ⊕, supple

EXT: pulses ⊕, edema ⊕

CHEST: CTAB

Skin: ⊕

CARDIAC: S1S2 ⊕ PRR,

Diastolic & Systolic murmur ⊕
 3/5

Neurology: NF

Back:

Psychiatric



HP 200

PRINTED BY: b17606


DATE 4/19/2006

Form #HP 20007 Revised 01/06/06

Page 2 of 4

Physician Signature

Puneet Bajaj, M.D.
 UAB General Medical Service


 B0608400138 COOPER, DAVID
 DOB: 08/23/62 Age: 33Y MR #: 079236
 Admit Date/Time: 04/04/06 1315P
 3074 GMS, AHMED L

Pa.



PROGRESS RECORD

Date	Time	Description
	Cen	5/5 yr old AA does not appear to be in distress
		fallor @ nocturnal, cyanotic clubbing lymph nodes (-)
	CVR	S/S @ RRR. 2SM in a/c area more in aortic area extending to Carotid
		Dia stolic murmur prominent left upper sternal area
	PA	Soft non tender non distended AS @
	Ext	peripheral pulses feet
		No edema
	CAS	AA x 4 on front gait @
	Alf	① Palpitations: Angina vs arrhythmia vs thyroid disease vs anxiety - follow: Cardiac enzymes, Placenta telemetry, get recase for FL, OH
		② Murmur: AS/AI will get 2D Echo
		③ Syncope: I.P.A. Angina, vasovagal will plan a CT in Apr
		Carotid Doppler in Apr
		④ Aortic Valve replacement - discuss



PN 30001 Revised 8/03

Baptist
HEALTH[illegible]

PRINTED BY: b17606

DATE 4/19/2006

80609400139 COOPER, DAVID
 DOB: 08/23/52 Age: 53Y MR #: 079236
 Admit Date/Time: 04/04/06 1315P
 3074 GMS, AHMED L



Baptist
 HEALTH

PROGRESS RECORD

Date	Time	Description
4/5/6	8 AM	<u>GMS</u> Patient feeling better. No symptoms at rest. Feels dizzy and anxious, palpitations when walking @ CP / SOB at rest 116/60, 82/min, 98, 18, 95% Cardiac - radiating murmur CVS: S ₁ S ₂ heard. Systolic and diastolic murmur Lungs: Clear RR: Regular pulse @ RS: CTRP nascent PH - Soft NT Mb CNS: AAX3 Dexamethasone 4mg ① Palpitations - resolved ② Heart murmur - AB 1A1 Patient getting an ECHO today - possible AVR replacement ③ 4/6 BPA - dexamethasone ④ DVT prophylaxis - Lovenox ⑤ PRA
LVL	- 65	
HDL	- 117	135 95 11 99 7.6 25 0.8 8.6 - 4/4/6
TG	- 91	136 103 8 88 8.3 27 0.2 7.7 - 4/5/6
		Awaiting ECHO report
		Endocarditis prophylaxis. ✓ for attention



PN 300

PRINTED BY: b17606

DATE 4/19/2006

PN 30001 Revised 8/03

Name: COOPER, DAVID
 MR: B000079236
 AdmPhys: GMS, Ahmed
 Admit date: 4/4/2006

DOB: 8/23/1952
 Acct: B0609400139
 Discharge date: 4/6/2006

CHEMISTRY

Chemistry Tests

COLLECTION DATE: 4/5/06 4/4/06
 COLLECTION TIME: 2:35:00 AM 3:00:00 PM

		REF RANGE	UNITS
Pat Fasting	yes		
Gluc	88	[60-120]	mg/dL
BUN	8	[7-20]	mg/dL
Creat	0.8	[0.6-1.4]	mg/dL
Sodium	136	[135-145]	mmol
Potassium	3.3 L	[3.5-5.0]	mmol
Chloride	103	[97-112]	mmol
CO2	27	[22-32]	mmol
Calcium	7.7 L	[8.5-10.5]	mg/dL
Magnesium	1.6	[1.6-2.4]	mg/dL
Phos	2.8	[2.0-4.8]	mg/dL

COLLECTION DATE: 4/4/06
 COLLECTION TIME: 9:29:00 AM

		REF RANGE	UNITS
Gluc	99	[60-120]	mg/dL
BUN	11	[7-20]	mg/dL
Creat	0.8	[0.6-1.4]	mg/dL
Sodium	135	[135-145]	mmol
Potassium	3.6	[3.5-5.0]	mmol
Chloride	99	[97-112]	mmol
CO2	29	[22-32]	mmol
Calcium	8.4 L	[8.5-10.5]	mg/dL
Total Protein	6.6	[6.4-8.2]	gm/dL
Albumin	3.2	[2.8-5.0]	gm/dL
Alk Phos	96	[50-136]	u/l
ALT	64 H	[0-55]	u/l
AST	95 H	[8-42]	u/l
Bili Total	0.8	[0.0-1.0]	mg/dL
Alcohol i	0	[0-10]	mg/dL

4/4/2006 9:29:00 AM Alcohol:

An 80 mg/dl alcohol level is equivalent to the state defined level of intoxication.

88END

Name: COOPER, DAVID) DOB: 8/23/1952)
 MR: B000079236 Acct: B0609400139
 AdmPhys: GMS, Ahmed
 Admit date: 4/4/2006 Discharge date: 4/6/2006

CHEMISTRY

Cardiac Enzymes

COLLECTION DATE: 4/5/06 4/4/06 4/4/06
 COLLECTION TIME: 2:35:00 AM 8:06:00 PM 9:29:00 AM

				REF RANGE	UNITS
Troponin-I	0.12	0.17	0.11	[<=0.60]	ng/mL

Lipid Panel

COLLECTION DATE: 4/5/06
 COLLECTION TIME: 2:35:00 AM

		REF RANGE	UNITS
Chol	200	[100-240]	mg/dL
Trig	91	[30-200]	mg/dL
HDL	117	[40-96]	mg/dL
LDL	65	[<=150]	mg/dL
VLDL	18.2	[7.0-33.0]	mg/dL
Chol/HDL	1.7	[0.0-5.0]	
LDL/HDL	0.6	[0.0-3.1]	

Thyroid Studies

COLLECTION DATE: 4/4/06
 COLLECTION TIME: 3:00:00 PM

		REF RANGE	UNITS
T4 Free	1.33	[0.72-2.00]	ng/mL

4/4/2006 3:00:00 PM T4 Free:
 Test performed by BMC South Chemistry Department

Hepatitis Tests

COLLECTION DATE: 4/4/06
 COLLECTION TIME: 3:00:00 PM

		REF RANGE	UNITS
Hep Bs Ab	Nonreactive	[Nonreactive]	

4/4/2006 3:00:00 PM Hep Bs Ab:
 Test performed by BMC South Chemistry Department

%%END

Name: COOPER, DAVID) DOB: 8/23/1952)
MR: B000079236 Acct: B0609400139
AdmPhys: GMS, Ahmed
Admit date: 4/4/2006 Discharge date: 4/6/2006

CHEMISTRY

Drugs of Abuse

COLLECTION DATE: 4/4/06
COLLECTION TIME: 9:08:00 AM

		REF RANGE	UNITS
U Amph Scrn	Negative	[Negative]	
U Barb Scrn	Negative	[Negative]	
U Benzodia Scrn	Positive *	[Negative]	
U Cocaine Scrn	Negative	[Negative]	
U Opiate Scrn	Negative	[Negative]	
U PCP Scrn	Negative	[Negative]	
U Cannab Scrn	Negative	[Negative]	

**END

Name: COOPER, DAVID DOB: 8/23/1952
MR: B000079236 Acct: B0609400139
AdmPhys: GMS, Ahmed
Admit date: 4/4/2006 Discharge date: 4/6/2006

COAGULATION

COLLECTION DATE: 4/4/06
COLLECTION TIME 9:29:00 AM

		REF RANGE	UNITS
PT	11.1	[10.5-13.5]	Sec
INR	0.87	[0.79-1.38]	
PTT	27	[21-34]	Sec

**END

 Name: COOPER, DAVID
 MR: B000079236
 AdmPhys: GMS, Ahmed
 Admit date: 4/4/2006

DOB: 8/23/1952
 Acct: B0609400139

Discharge date: 4/6/2006

HEMATOLOGY

Routine Hematology

COLLECTION DATE: 4/5/06 4/4/06
 COLLECTION TIME: 2:35:00 AM 9:29:00 AM

			REF RANGE	UNITS
WBC	7.4	6.0	[4.1-10.3]	X10-3/uL
RBC	3.82 L	3.80 L	[4.69-6.13]	X 10-6/uL
Hemoglobin	11.6 L	11.9 L	[13.0-17.5]	gm/dl
Hematocrit	35.5 L	34.8 L	[40.0-51.0]	%
MCV	93	92	[81-100]	FL
MCH	30	31	[27-31]	pg
MCHC	33	34	[32-35]	gm/dl
Platelet Count	196	178	[140-400]	X10-3/uL
RDW	15.7 H	15.4 H	[11.5-14.5]	%

Automated Differential

COLLECTION DATE: 4/5/06 4/4/06
 COLLECTION TIME: 2:35:00 AM 9:29:00 AM

			REF RANGE	UNITS
Neutro Auto	57	76 H	[40-75]	%
Lymph Auto	28	13 L	[20-53]	%
Mono Auto	12	10	[0-12]	%
Eos Auto	2	1	[0-8]	%
Basophil Auto	0	0	[0-2]	%
Neutro Abs	4.2	4.5	[1.4-6.5]	#
Lymph Abs	2.1	0.8 L	[1.0-4.8]	#
Mono Abs	0.9 H	0.6	[0.1-0.6]	#
Eos Abs	0.2	0.1	[0.0-0.7]	#
Basophil Abs	0.0	0.0	[0.0-0.2]	#

***END

Name: COOPER, DAVID DOB: 8/23/1952
MR: B000079236 Acct: B0609400139
AdmPhys: GMS, Ahmed
Admit date: 4/4/2006 Discharge date: 4/6/2006

SEND OUTS

LabCorp

COLLECTION DATE: 4/4/06
COLLECTION TIME: 3:00:00 PM

		REF RANGE	UNITS
T3 total	103	[85-205]	ng/dL

##END

Name: COOPER, DAVID) DOB: 8/23/1952)
MR: B000079236 Acct: B0609400139
AdmPhys: GMS, Ahmed
Admit date: 4/4/2006 Discharge date: 4/6/2006

RADIOLOGY

Procedure Name:	Accession	Procedure	Ordering Physician:
	Number:	Date/Time:	
DX Chest 1 View	DX-06-	4/4/2006	Gutierrez, Carlos
	0038239	09:16:23 AM	M, MD

Reason For Exam:
chest pain

FINDINGS
COOPER, DAVID

PORTABLE CHEST:

Mild cardiomegaly. Lungs are clear.

Faxed to the ER at 9:42 a.m.

ELECTRONICALLY SIGNED BY: Bailey, Joseph M, MD

TECHNOLOGIST: KN
TRANSCRIBED DATE AND TIME: 04/04/2006 09:48
TRANSCRIPTIONIST: tlb

##END

BAPTIST HEALTH
0628
COOPER, DAVID
B0609400139
B000079236

PATIENT VERIFICATION DATA:
COOPER, DAVID- 0609400139

DATE OF STUDY:

REASON FOR STUDY:

Chest pain. History of aortic valve replacement.

REQUESTING PHYSICIAN:

Dr. Ahmed.

The quality of this study is fair.

M-MODE MEASUREMENTS:

1. LV end diastolic diameter = 59 mm (increased).
2. LV end systolic diameter = 20 mm (normal).
3. Posterior wall = 15 mm, (increased).
4. Septal wall = 15 mm (increased).
5. Aortic root diameter = 39 mm (mildly increased).
6. Left atrial and systolic diameter = 44 mm (increased).
7. Hence, by M Mode there is evidence for LVH, left atrial enlargement, and mild aortic enlargement.

DOPPLER FLOW/COLOR MAPPING ANALYSIS:

1. LVOT velocity is not readily measured.
2. The peak velocity across the aortic prosthetic valve is about 4 m/s which is elevated.
3. There is moderate AI by color flow mapping analysis. This is certainly more than what is expected from a prosthetic valve. Hence, I believe there is a possibility of prosthetic valve dysfunction, suggest TEE.
4. Mild MR is noted.
5. Mild TR is noted.

VALVE FUNCTION:

1. The prosthetic valve is seen, very difficult images, obviously in transthoracic study. The leaflet appeared to be thickened.
2. The mitral valve is mildly thickened.
3. The tricuspid valve is normal.
4. Pulmonic valve not well seen.

CHAMBER AND FUNCTION:

1. There is mild to moderate concentric LVH.
2. EF of the left ventricle is about 50% to 55%, which is lower limits of normal.
3. Apex is severely hypokinetic. This does suggest abnormal regional wall motion. In addition, the mid distal anterior wall is also hypokinetic. The rest of the wall contracts normally.
4. The right sided chambers are normal.
5. No pericardial effusion.

(CONTINUED)

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DATE 4/19/2006

1. Abnormal regional wall motion.
2. Normal EF.
3. Moderate AI across the prosthetic valve which is abnormal. Elevated velocity across the aortic valve in systole, which is also abnormal. Recommend TEE.

ALBERT V. CHAN, M.D.

TR: AC/PP

D: 04/05/2006 13:50:00
T: 04/07/2006 11:05:07
JOB: 6480091/12259

D: 04/05/2006
T: 04/07/2006

Authenticated by ALBERT V. CHAN, MD On 4/10/06 4:40:33 PM

Cooper, David

53 years

Male

Black

Loc 5

History: Unknown
Technician: Jmc

Heart rate 103 bpm
PR interval 152 ms
QRS duration 92 ms
QT/QTc 350/471 ms
P-R-T axes 59 54 43

ID: 008231952

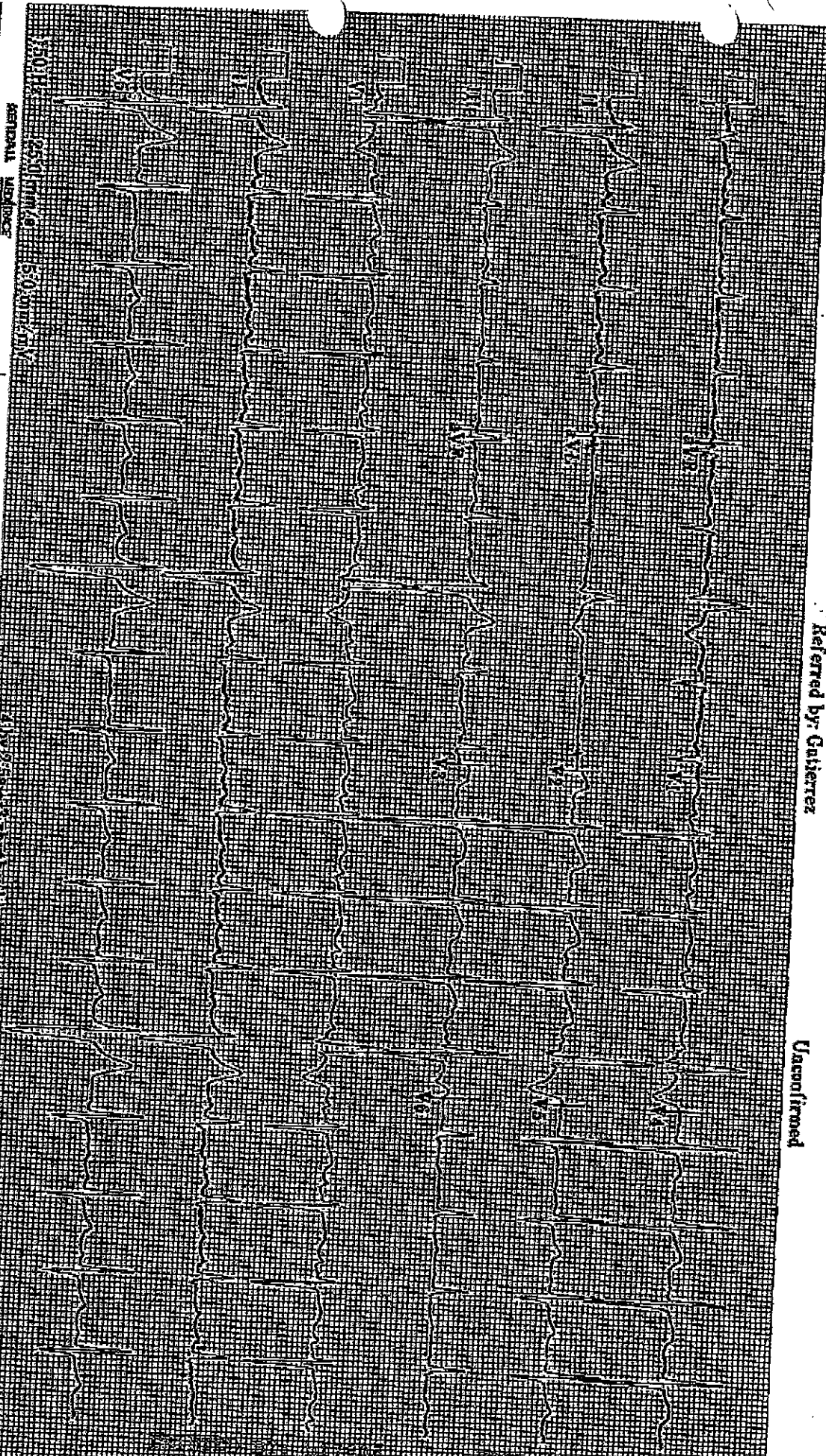
4-Apr-2006 8:06:03

Sinus tachycardia with frequent premature ventricular complexes
Left atrial enlargement
Left ventricular hypertrophy
Non-specific ST abnormality
Abnormal ECG

Referred by: Gutierrez

Unconfirmed

80509400139 COOPER, DAVID
DOB: 09/23/52 Age: 53Y MR #079236
Admit Date/Time: 04/04/06 0902A
2328 CUTLER, CARLOS M



GENERAL MEDICAL

PRINTED IN U.S.A.

601

MACVU0028

MS14T5250



88008408138 COOPER, DAVID
 DOB: 08/23/52 Age: 53Y MR #079238
 Admit Date/Time: 04/04/06 0902A
 2328 GUTIERREZ, CARLOS M

Patient Information



AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS	
RADIOLOGY			
	<input type="checkbox"/> CT <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine	<input type="checkbox"/> Abnormal gait <input type="checkbox"/> Abnormal involuntary movement <input type="checkbox"/> Lack of Coordination <input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> Meningitis <input type="checkbox"/> Neoplasm <input type="checkbox"/> Pain <input type="checkbox"/> Spina bifida <input type="checkbox"/> Transient paralysis limb <input type="checkbox"/> Tachypnea <input type="checkbox"/> Other
	<input type="checkbox"/> CT AngioChest <input type="checkbox"/> W/IV Only	<input type="checkbox"/> Chest Pain <input type="checkbox"/> Hemoptysis <input type="checkbox"/> SOB	<input type="checkbox"/> Injuries related to <input type="checkbox"/> MVC <input type="checkbox"/> GSW <input type="checkbox"/> Stabbing <input type="checkbox"/> Other
	<input type="checkbox"/> CT Pelvis Abdomen <input type="checkbox"/> Without Contrast <input type="checkbox"/> Oral Contrast <input type="checkbox"/> IV Contrast <input type="checkbox"/> Rectal Contrast <input type="checkbox"/> Stone Search <input type="checkbox"/> Appendicitis Protocol <input type="checkbox"/> Diverticulitis Protocol	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abdominal Rigidity <input type="checkbox"/> Abdominal Swelling <input type="checkbox"/> Abdominal Tenderness <input type="checkbox"/> Aneurysm <input type="checkbox"/> Ascites <input type="checkbox"/> Blunt/Penetrating Trauma <input type="checkbox"/> Edema <input type="checkbox"/> Extravasation of Urine <input type="checkbox"/> Fever <input type="checkbox"/> Hepatomegaly/Splenomegaly	<input type="checkbox"/> Injury to Blood Vessels <input type="checkbox"/> Infection, Post Op <input type="checkbox"/> Internal Injury (Thorax, Abdomen & Pelvis) <input type="checkbox"/> Liver Disease <input type="checkbox"/> Renal Colic <input type="checkbox"/> Other
	<input type="checkbox"/> CT Other <input type="checkbox"/> MRI of		
	<input type="checkbox"/> Ultrasound <input type="checkbox"/> Complete Abdomen <input type="checkbox"/> RUQ(GB) <input type="checkbox"/> Pelvic <input type="checkbox"/> Obstetrical	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abdominal Tenderness <input type="checkbox"/> Abdominal X-ray <input type="checkbox"/> Ascites <input type="checkbox"/> Abdominal Swelling <input type="checkbox"/> Abdominal Mass	<input type="checkbox"/> Colic <input type="checkbox"/> Flank Mass <input type="checkbox"/> Flank Pain <input type="checkbox"/> Flank Tenderness <input type="checkbox"/> Hepatomegaly/Splenomegaly <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Pelvic Mass <input type="checkbox"/> Pelvic Tenderness <input type="checkbox"/> Spleen Mass <input type="checkbox"/> Other
	<input type="checkbox"/> Doppler Series	<input type="checkbox"/> Erythema <input type="checkbox"/> Lower Extremity Pain	<input type="checkbox"/> Swelling <input type="checkbox"/> Tenderness <input type="checkbox"/> Other
CARDIOLOGY			
	<input type="checkbox"/> BP Both Arms <input type="checkbox"/> Orthostatic VS <input type="checkbox"/> Cardiac Monitor <input checked="" type="checkbox"/> EKG <input type="checkbox"/> Repeat EKG <input type="checkbox"/> ECHO <input type="checkbox"/> Cath Lab		
RESPIRATORY			
	<input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> Oxygen ___ L/min <input type="checkbox"/> Nebulizer <input type="checkbox"/> Inhaler with spacer <input type="checkbox"/> C-PAP <input type="checkbox"/> Bi-PAP <input type="checkbox"/> Central Line <input type="checkbox"/> Chest Tube	<input type="checkbox"/> Cannula <input type="checkbox"/> Non-Rebreather Mask <input type="checkbox"/> Peak Flow <input type="checkbox"/> DuoNeb <input type="checkbox"/> Vent Settings <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Non-Simple Mask <input type="checkbox"/> Albuterol <input type="checkbox"/> Atrovent <input type="checkbox"/> Xopenex <input type="checkbox"/> Other



ER 160

PAGE 3 OF 4 Form #ER 16005 Revised 02/13/06

PRINTED BY: b17606

DATE 4/19/2006



AERAS PHYSICIAN ORDER SHEET

Patient Information

Date/Time	TEST	SYMPTOMS		
LABORATORY				
	<input checked="" type="checkbox"/> Troponin I	<input type="checkbox"/> Abnormal Electrocardiogram <input type="checkbox"/> ACS (Angina, Acute MI) <input type="checkbox"/> Apnea/SOB/Wheezing	<input type="checkbox"/> Arrhythmia/Tachycardia <input type="checkbox"/> Chest Pain <input type="checkbox"/> Injury to Thorax, Abdomen, Pelvis	<input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Insufficiency <input type="checkbox"/> Other
	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Clean Catch <input type="checkbox"/> Cath	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diabetes <input type="checkbox"/> Dysuria <input type="checkbox"/> Edema <input type="checkbox"/> Fever	<input type="checkbox"/> Flank Pain <input type="checkbox"/> Hematuria <input type="checkbox"/> Hesitancy <input type="checkbox"/> Hypertension <input type="checkbox"/> Known Kidney Disease	<input type="checkbox"/> Long-term Medications <input type="checkbox"/> Nocturia <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Trauma to Kidney/Urinary Tract <input type="checkbox"/> Other
	<input type="checkbox"/> Foley Catheter	Record Output		
	<input type="checkbox"/> Blood Cultures	X's	<input type="checkbox"/> Fever	<input type="checkbox"/> Other
	<input type="checkbox"/> Hemocult <input type="checkbox"/> Gastrocult	Other		
	<input type="checkbox"/> GC Chlamydia <input type="checkbox"/> Wet Prep	<input type="checkbox"/> Herpes	Other	Other
	<input type="checkbox"/> Urine Pregnancy <input type="checkbox"/> Serum Pregnancy	<input type="checkbox"/> Qualitative <input type="checkbox"/> Quantitative		
	<input type="checkbox"/> Toxicology Screen <input checked="" type="checkbox"/> ETOH Level	<input checked="" type="checkbox"/> Urine Drug Screen <input type="checkbox"/> Serum Drug Screen	<input type="checkbox"/> Other Drug Level(s)	
	<input type="checkbox"/> Other Lab Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Type (Rh) <input type="checkbox"/> Type & Screen <input type="checkbox"/> Type & Cross	X's Units	<input type="checkbox"/> Other Blood Products	
RADIOLOGY				
	X-ray <input type="checkbox"/> C-Spine <input type="checkbox"/> T-Spine <input type="checkbox"/> L-Spine	<input type="checkbox"/> Deformity <input type="checkbox"/> New Injury <input type="checkbox"/> Old Injury <input type="checkbox"/> Pain	<input type="checkbox"/> Trauma <input type="checkbox"/> Other	
	X-ray <input type="checkbox"/> Chest <input checked="" type="checkbox"/> Portable <input type="checkbox"/> Standing PAX	<input type="checkbox"/> Abnormal Sputum <input type="checkbox"/> Abnormal Weight Loss <input type="checkbox"/> Abnormal X-ray <input type="checkbox"/> Chest Pain <input type="checkbox"/> Clubbing of Fingers	<input type="checkbox"/> Cough <input type="checkbox"/> Cyanosis <input type="checkbox"/> Fever <input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Palpitations <input type="checkbox"/> Respiratory Infection <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Shock <input type="checkbox"/> Other
	X-ray <input type="checkbox"/> Abdominal Series <input type="checkbox"/> KUB	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abdominal Rigidity <input type="checkbox"/> Abdominal Swelling <input type="checkbox"/> Abdominal Tenderness <input type="checkbox"/> Aneurysm <input type="checkbox"/> Ascites	<input type="checkbox"/> Blunt/Penetrating Trauma <input type="checkbox"/> Edema <input type="checkbox"/> Extravasation of Urine <input type="checkbox"/> Fever <input type="checkbox"/> Hepatomegaly/Splenomegaly <input type="checkbox"/> Injury to Blood Vessels	<input type="checkbox"/> Infection, Post Op <input type="checkbox"/> Internal Injury (Thorax) <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Liver Disease <input type="checkbox"/> Renal Colic <input type="checkbox"/> Other
	X-ray Upper Extremity <input type="checkbox"/> R/L	<input type="checkbox"/> Deformity <input type="checkbox"/> New Injury <input type="checkbox"/> Old Injury <input type="checkbox"/> Pain	<input type="checkbox"/> Trauma <input type="checkbox"/> Other	
	X-ray Lower Extremity <input type="checkbox"/> R/L	<input type="checkbox"/> Deformity <input type="checkbox"/> New Injury <input type="checkbox"/> Old Injury <input type="checkbox"/> Pain	<input type="checkbox"/> Trauma <input type="checkbox"/> Other	
	<input type="checkbox"/> VQ Scan	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> SOB	<input type="checkbox"/> Other
	<input type="checkbox"/> CT Head/Brain <input type="checkbox"/> Without Contrast <input type="checkbox"/> With & Without	<input type="checkbox"/> Closed Head Injury (Concussion) <input type="checkbox"/> CVA/TIA <input type="checkbox"/> Delirium/Dementia <input type="checkbox"/> Headache (excluding Migraine)	<input type="checkbox"/> Occlusion of Artery <input type="checkbox"/> Penetrating Trauma <input type="checkbox"/> Seizure <input type="checkbox"/> Sinusitis (chronic) <input type="checkbox"/> Stroke	<input type="checkbox"/> Subarachnoid - Intracerebral Hemorrhage <input type="checkbox"/> Suspected Metastasis <input type="checkbox"/> Syncope/Collapse <input type="checkbox"/> Other



PAGE 2 OF 4 Form #ER 16005 Revised 02/13/06

PRINTED BY: b17606

DATE 4/19/2006

80608400139
 DOB: 08/23/52 Age: 53Y MR #: 079236
 Admit Date/Time: 04/04/06 0902A
 2328 GUTIERREZ, CARLOS M

Patient Information



AERAS PHYSICIAN ORDER SHEET

Date/Time	TEST	SYMPTOMS	
LABORATORY			
	<input type="checkbox"/> 811 Trauma Panel	CBC Comprehensive Metabolic Troponin	Alcohol Urinalysis Pregnancy Test PT PTT Type & Cross 2 Units - OR - O-Negative Emergency Release
	<input type="checkbox"/> 822 Trauma Panel	CBC Comprehensive Metabolic Troponin	Alcohol Urinalysis Pregnancy Test PT PTT Type & Screen
	<input type="checkbox"/> 933 Trauma Panel	CBC Basic Metabolic Urinalysis	Pregnancy Test
	<input type="checkbox"/> ABG	<input type="checkbox"/> Acute Asthma <input type="checkbox"/> Acidosis <input type="checkbox"/> Alkalosis <input type="checkbox"/> Burns to Face <input type="checkbox"/> Cardiopulmonary Arrest <input type="checkbox"/> CHF	<input type="checkbox"/> COPD <input type="checkbox"/> Dyspnea (unexplained) <input type="checkbox"/> Hypoventilation <input type="checkbox"/> Morbid Obesity <input type="checkbox"/> Multiple Trauma <input type="checkbox"/> Noxious Gas Inhalation <input type="checkbox"/> Pleural Effusion <input type="checkbox"/> Pneumonia <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Pulmonary Embolus <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Other
	<input type="checkbox"/> AccuChek	<input type="checkbox"/> Decreased LOC <input type="checkbox"/> Hx of Diabetes/Hypoglycemia	<input type="checkbox"/> Other
	<input type="checkbox"/> Amylase <input type="checkbox"/> Lipase	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diabetes <input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Other
	<input type="checkbox"/> BMP Basic Metabolic Panel	<input type="checkbox"/> Complications Related to Pregnancy <input type="checkbox"/> Diabetes Complications <input type="checkbox"/> Dizziness/Giddiness <input type="checkbox"/> Drowsiness	<input type="checkbox"/> Edema <input type="checkbox"/> Febrile Convulsions <input type="checkbox"/> Glomerulonephritis <input type="checkbox"/> Hypertensive Disease <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Long-term use of Medications <input type="checkbox"/> Seizure (convulsion) <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> CMP Comprehensive Metabolic	<input type="checkbox"/> Acidosis <input type="checkbox"/> Alkalosis <input type="checkbox"/> CHF <input type="checkbox"/> Coma <input type="checkbox"/> Diabetes <input type="checkbox"/> Diarrhea	<input type="checkbox"/> Dehydration <input type="checkbox"/> Dizziness <input type="checkbox"/> Drowsiness <input type="checkbox"/> Edema/Ascites <input type="checkbox"/> Hypertension <input type="checkbox"/> Long-term Medication(s) <input type="checkbox"/> Malnutrition <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Pulmonary Edema <input type="checkbox"/> Seizure <input type="checkbox"/> Other
	<input type="checkbox"/> BNP	<input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Edema/Lower Extremities	<input type="checkbox"/> Pulmonary Edema <input type="checkbox"/> SOB <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> CBC	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abnormal Bleeding <input type="checkbox"/> Blood Loss - Hemorrhage <input type="checkbox"/> Chills <input type="checkbox"/> Epistaxis <input type="checkbox"/> Fatigue/Malaise <input type="checkbox"/> Flank Pain	<input type="checkbox"/> Infection <input type="checkbox"/> Hemoptysis <input type="checkbox"/> High Risk Medication(s) <input type="checkbox"/> Lethargy <input type="checkbox"/> Long-term Medications <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Malnutrition <input type="checkbox"/> Pallor <input type="checkbox"/> Postural Dizziness <input type="checkbox"/> Short of Breath - Apnea <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Weakness <input type="checkbox"/> Weight Loss <input type="checkbox"/> Other
	<input type="checkbox"/> D-Dimer	<input type="checkbox"/> Erythema <input type="checkbox"/> Lower Extremity Pain	<input type="checkbox"/> Swelling <input type="checkbox"/> Tenderness <input type="checkbox"/> Other
	<input type="checkbox"/> Digoxin	<input type="checkbox"/> Arrhythmia (A-Fib/A-Flutter/Abberancy) <input type="checkbox"/> Concomitant Use of Interacting Drug <input type="checkbox"/> CHF	<input type="checkbox"/> Digoxin Toxicity <input type="checkbox"/> Anorexia <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Headache <input type="checkbox"/> High Risk Patient <input type="checkbox"/> Long-term Medication(s) <input type="checkbox"/> Other
	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Abnormal Weight Loss <input type="checkbox"/> Arrhythmia(s) <input type="checkbox"/> Chronic Alcoholism <input type="checkbox"/> Coma <input type="checkbox"/> Convulsion <input type="checkbox"/> Diabetic Acidosis <input type="checkbox"/> Diuretic Therapy	<input type="checkbox"/> Drowsiness <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Fatigue/Malaise <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Hypokalemia <input type="checkbox"/> Long-term Medication(s) <input type="checkbox"/> Muscular Paralysis <input type="checkbox"/> Pre-eclampsia <input type="checkbox"/> Shock <input type="checkbox"/> Syncope <input type="checkbox"/> Tetany <input type="checkbox"/> Tremor <input type="checkbox"/> Other
	<input checked="" type="checkbox"/> PT-INR <input checked="" type="checkbox"/> PTT	<input type="checkbox"/> Acute MI <input type="checkbox"/> Acute Pancreatitis <input type="checkbox"/> A-Fib/A-Flutter <input type="checkbox"/> Anemia	<input type="checkbox"/> Epistaxis <input type="checkbox"/> GI Bleeding <input type="checkbox"/> Hematuria <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Long-term Antibiotics <input type="checkbox"/> Poisoning by Anticoagulant <input type="checkbox"/> Unstable Angina <input type="checkbox"/> Vitamin K Deficiency



Nursing Chart Long Form Page 4

PROCEDURES / TREATMENT CARE

EYE

- ☐ Eye Exam - **NO FB found**
☐ FB Eye Exam/Slit lamp
☐ FB Eye Exam/No Slit lamp
☐ Eye irrigation R L Both
Amount _____

NOSE/EAR

- ☐ Nasal Cautey
☐ Nasal packing-anterior
☐ Nasal packing-posterior
☐ Nasal packing-balloon
☐ Ear irrigation (ear wax) R L

CARDIOLOGY

- ☒ Cardiac monitor
☒ EKG - by ED staff
☐ Repeat EKG by ED staff
☒ Pulse Ox-continuous
☐ Central line ☐ < 5yr ☐ ≥ 5yr
☐ External pacer
☐ Temporary internal pacer
☐ Cardioversion (electric)
☐ Pericardiocentesis
☐ Declot vascular device
☐ PICC line ☐ < 5yr ☐ ≥ 5yr
☐ Arterial Blood Gas
☐ Blood / Needle exposure

GI/GU

- ☐ Straight/quick cath for UA
☐ Foley catheter Size _____
☐ Bladder irrigation
☐ Foley removed
☐ Rectal exam ☐ Anoscopy
☐ Rectal disimpaction
☐ Enema ☐ Repeat x _____
☐ NG w/ suction _____
☐ NG w/ Lavage _____
☐ G-tube replace ☐ Reposition
☐ Pelvic Exam
☐ Sexual Assault Exam
☐ Incontinence Care

PULMONARY

- ☐ Airway: Oral/Nasal ☒ Oxygen Mask Cannula ☒ Liters/min ☐ End-tidal CO2 + -
☐ Intubation Tube: _____ ☐ Cricothyroidotomy
☐ PTA ☐ ED ☐ Anesthesia ☐ Tracheostomy
☐ Rapid sequence induction ☐ Trach Care
☐ Ventilation assist Bi-Pap C-Pap ☐ Suction Oral/Nasal/Trach

RADIOLOGY

- ☒ X-Ray preparation
☐ CT US MRI IVP
☐ IV contrast ☐ Oral contrast
☐ Monitor in radiology / CT
☐ Lab
☒ Venipuncture (ED Staff)
☒ Lab Test (any)
☒ Specimen collection (not blood)
☐ Point of care test
☐ Urine Dip ☐ Rapid Strep
☐ Central line blood draw
☐ Hemocult + -
☐ Genital cultures

SPECIAL PROCEDURES

- ☐ Isolation (Medical)
☐ Lumbar puncture
☐ Epidural blood patch
☐ Procedural sedation IV/IM
☐ Paracentesis / Dx lavage
☐ Hypothermia care
☐ Hyperthermia care

BEHAVIORAL MANAGEMENT

- ☐ Psychiatric evaluation
☐ Restraints
☐ Seclusion or 1:1 obs
☐ Involuntary commitment
☐ Psychiatric code called

GPR

- ☐ CODE Time: _____
Medical Pediatric Trauma
☐ Code Sheet Completed
Trauma team ☐ 1 ☐ 2 ☐ 3

DISPOSITION / OUTCOME

- PATIENT PROPERTY:** ☐ Sent home ☐ Secured / hospital safe ☒ Patient retains/accepts responsibility ☐ Sent with patient
☐ Dentures ☐ Glasses ☐ Hearing device ☐ Clothing ☐ Cane ☐ Crutches ☐ Walker ☐ Valuables ☐ Other: _____

- ☐ Discharged Time _____ Admitted Time 12:40 Room 484
☐ Nursing Home ☒ Regular Room ☐ Hospital ☐ Coroner called
☐ AMA signed unsigned ☐ Telemetry ☐ ICU / CCU ☐ Psychiatric ☐ Released to Funeral Home
☐ LBMSE ☐ Surgery ☐ Cath Lab ☐ Organ donation addressed
☐ Psychiatric ☐ Observation ☐ Extended Stay (>4 hours) Notes: _____

TEACHING / DISCHARGE CARE

CORE MEASURES:

- ☐ AMI ☐ Pneumonia ☐ Heart Failure ☐ Stroke

Smoking cessation advised ☐ < 3 min ☐ ≥ 3 min☐ Discharge Instruction sheet provided☐ Verbal understanding of discharge / RX☐ Meds dispensed by physician _____☐ Extended patient education☐ Work/School Excuse (see copy)☐ Workers Comp Papers Initiated (see copy)☐ ED Boarder Time: _____

TRIAGE OUT VITAL SIGNS

Time Temp Pulse Resp B/P Pulse Pain FHT
12:20 98.2 90 12 139/59 99% 0

Condition: ☒ improved ☐ unchanged ☐

Signature and Employee ID

[Signature]
Initials *[Initials]*

Admit Report called to:

Time:

Signature and Employee ID

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DATE 4/19/2006

Discharge Nurse

Initials

Triage Out Note: *Pt casually about, oriented, more all exacerbations well. No other history*



Page 3

Patient Name:

IV Push is medications given in < 16 minutes						MEDICATIONS		(Put medications in the same syringe on one line)					
Time	Route					Medication	Dose	Site	Response to Medication				
	IV Push	IM	SC	PO	Other				Initials	Time	Pain Scale	Other	Initials
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/> TD Adult <input type="checkbox"/> DT Pedi <input type="checkbox"/> Tetanus Toxoid <input type="checkbox"/> Rabies <input type="checkbox"/> Rabies IG <input type="checkbox"/> Other						<input type="checkbox"/> VAR Completed							
Thrombolytics: <input type="checkbox"/> Cardiac <input type="checkbox"/> Stroke <input type="checkbox"/> Vasopressors <input type="checkbox"/> Intraosseous Infusion						<input type="checkbox"/> No response to med required							
PARENTERAL THERAPY - IV FLUIDS													
Site	Per Hr IV	KVO	Lock	Start TIME	Stop TIME	Hydration	Medication	Solution/Additive Medication	Rate / Bolus	Repeat Med	Initials	<input type="checkbox"/> IV Pump <input type="checkbox"/> Warmed solution <input type="checkbox"/> Bunitrol	
1	She	OAC		1145	1240	<input type="checkbox"/>	<input type="checkbox"/>						
Time	Gauge	16g				<input type="checkbox"/>	<input type="checkbox"/>						
	Attempts x					<input type="checkbox"/>	<input type="checkbox"/>						
						<input type="checkbox"/>	<input type="checkbox"/>						
2	Per Hr IV	KVO	Lock			<input type="checkbox"/>	<input type="checkbox"/>						
Time	Site					<input type="checkbox"/>	<input type="checkbox"/>						
	Gauge	x				<input type="checkbox"/>	<input type="checkbox"/>						
						<input type="checkbox"/>	<input type="checkbox"/>						
3	Per Hr IV	KVO	Lock			<input type="checkbox"/>	<input type="checkbox"/>						
Time	Site					<input type="checkbox"/>	<input type="checkbox"/>						
	Gauge	x				<input type="checkbox"/>	<input type="checkbox"/>						
						<input type="checkbox"/>	<input type="checkbox"/>						
INTAKE		Amount	OUTPUT		Amount	Response to IV therapy							
Oral			Urine			<input type="checkbox"/> Tolerated well, no adverse reaction noted							
IV			Gastric										
Other			Other										
TOTAL			TOTAL			Blood Transfusion <input type="checkbox"/> Routine <input type="checkbox"/> Emergent Total # of units _____							
IV Site at disposition Time: _____ <input type="checkbox"/> Patent <input type="checkbox"/> Discontinued <input type="checkbox"/> No redness <input type="checkbox"/> No swelling <input type="checkbox"/> catheter intact						Titrated Medications <input type="checkbox"/> See flow sheet Med #1 Med #2 Med #3							
Vital Signs													
Time	Temp	Pulse	Resp	B/P	Pulse O ₂	Glucose Checks	Pain Scale	Time	Med #1	Med #2	Med #3	Initials	
0135		100	12	124/44	99%								



B0609400139 COOPER, DAVID
 DOB: 08/23/52 Age: 53Y MR #079236
 Admit Date/Time: 04/04/06 0902A
 2328 GUTIERREZ, CARLOS M



ADMISSION HISTORY AND PHYSICAL

Date: 04/04/06
 Referring MD:
 Primary MD:

Chief Complaint *CP & palpitations*

History of Present Illness: *53 yrs AA OTC PM has written c/o palpitations today AM when he was at a store. Also GP 10/10, compressing, substernal, non radiating, no aggr/relieving factors, lasted several hrs. Got better in ER. SOB (+), N/V (+), sweating (+), dizziness (+), black out (+), but no LOC. Had similar episode 2 yrs ago & was admitted to "North Broward Med. Center" at Fort Lauderdale for 4-5 days. Does not remember the name of physician there. There he was given fluid pills which he took while in hosp. Lost weight b/p the fluid pill. No longer taking the pill.*

PMH: *HTN, CAD, BPH*
Aortic Valve Replacement X2 (1982, 1993)

MEDS: *ASA*
Cardura

Allergies: *NKDA*

Puneet Bajaj, M.D.
 UAB General Medical Service
 Physician Signature



Form #HP 20007 Revised 01/06/06

Page 1 of 4

PRINTED BY: b17606

DATE 4/19/2006



80809400139 COOPER, DAVID
 DOB: 08/23/52 Age: 53Y MR #: 079236
 Admit Date/Time: 04/04/06 0902A
 2328 GUTIERREZ, CARLOS M



**Baptist Health
 Emergency Room
 Discharge Instructions**

Page 1 of 1

DISCHARGE INSTRUCTIONS - MEDICAL CHART

Weight	Phone	Allergies	Location South
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.
Name/Strength	Number	Schedule / Duration	No Refills
1. <i>To New Express Adult Unit</i>			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

INSTRUCTION SHEET(S) GIVEN

- | | | | | |
|---|-----------------------------------|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Crutches | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Threatened Ab | Return for signs of infection
> Redness
> Swelling
> Drainage
> Heat |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Fever | <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Vomiting / Diarrhea | |
| <input type="checkbox"/> Cast / Splint Care | <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprains / Bruises | <input type="checkbox"/> Wound Care | |
| | | <input type="checkbox"/> STD | <input type="checkbox"/> Other(s) | |

Additional Instructions:

Referred to:

- ☐ Dr. _____
 Phone: _____
☐ Call on next business day for follow-up appointment
 in _____ days / weeks ☐ next available

- ☐ Return to Emergency Dept. in _____ hours / days for recheck
☐ If no improvement or your condition worsens, call your private physician
 or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified: _____
☐ Education provided on new medication _____

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- ☐ Patient
☐ Relative
☐ Other

Time Released > Hrs.

Instructed by:

Physician:

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- ☐ Patient was seen by Dr. _____ ☐ May return to restricted duties for _____ days*
☐ No athletics / physical education: _____ days* Restrictions: _____
☐ May return to work / school without restrictions
☐ Will require time off work / school. Estimated time: _____ days* ☐ _____ was here with relative/ child.
☐ Must be reevaluated by family / occupational physician before returning to school / work ☐ Other: _____

Time off from School or Work longer than 3 days should be approved by a Physician or Company/ Occupational Medicine Physician, unless otherwise stated.

858-0082 (06/02)

☒ Nursing Assessment Reviewed ☒ Vitals Reviewed ☐ Bilateral BP

PHYSICAL EXAM**General Appearance**

no acute distress

alert

EYES

nml inspection

ENT

ENT nml inspection

pharynx nml

NECK

nml inspection

RESPIRATORY

no resp. distress

chest non-tender

nml breath sounds

CVS

regular rate, rhythm

no murmur

no gallop

no friction rub

normal pulses

IV
mild / moderate / severe distress
anxious / lethargic

scleral icterus / pale conjunctivae

purulent nasal drainage

pharyngeal erythema

thyromegaly

lymphadenopathy (R/L)

see diagram

respiratory distress

manifests distinct pain on movement of (R/L) arm of trunk

splinting / deep air mvmt

rales

rhonchi

wheezing

irregularly irregular rhythm

extrasystoles (occasional / frequent)

tachycardia / bradycardia

P2 displaced laterally

JVD present

murmur / grade / b / s / d / s

cresc / cresc-decresc / decresc

gallop (S3 / S4)

friction rub

decreased pulse(s)

R carotid / fem / dors ped

L carotid / fem / dors ped

T = tenderness

G = guarding

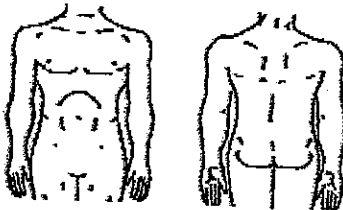
R = rebound

m = mild

mod = moderate

sev = severe

(e.g., T = severe tenderness)

**GASTROINTESTINAL**

non-tender

no organomegaly

tenderness

guarding

rebound

abnormal bowel sounds

hepatomegaly / splenomegaly / mass

black / bloody / heme pos. stool

tenderness

cyanosis / diaphoresis / pallor

skin rash

pedal edema

calf tenderness

clubbing

disoriented to person / place / time

depressed affect

facial droop / EOM palsy / anisocoria

weakness / sensory loss

RECTAL

non-tender

heme neg stool

SKIN

color nml, no rash

warm, dry

EXTREMITIES

non-tender

normal ROM

no pedal edema

no calf tenderness

NEURO / PSYCH

oriented x3

mood / affect nml

CN's nml as tested

no motor / sensory deficit

EKG MONITOR STRIP

normal abnormal

EKG

NSR

nml intervals

not / changed from

Repeat EKG

unchanged /

Chest Pain - 33

PRINTED BY: 517606

LABS, EKG & X-RAYS:**CBC**

normal except

WBC

Hgb

Hct

Platelets

segs

bands

lymphs

monos

eos

Cl

CO2

Chemistries

normal except

BUN

Creat

Gluc

Alk Phos

ALT

AST

Na

K

Cl

CO2

Ca

Bilirubin

Magnesium

BNP

D-Dimer

CK

CKMB

Troponin

PT

PTT

INR

UA

normal except

WBC

RBC's

bacteria

dip

CXR

Interp. by me

Reviewed by me

Discd w/ radiologist

nml / NAD

no infiltrates

nml heart size

nml mediastinum

not / changed from:

Pulse Ox

98 %

on (RA)

L /

% at (time)

normal

abnormal

treatment

Medications Given: time:

ASA

ACE inhibitor

Beta Blockers

Thrombolytics

Nitrates

Discharge Medications:

PROGRESS:

Re-evaluation time

unchanged

Improved

re-examined

Re-evaluation time

unchanged

Improved

re-examined

Re-evaluation time

unchanged

Improved

re-examined

PST IV

a/b (?)

Held by V

TREATMENT:

angina protocol

unstable angina protocol

acute MI protocol or acute coronary syndrome protocol

MEDICAL DECISION:

Rx given

Follow up with

Relinquished care to Dr.

Discussed with Dr.

will see patient in office / ED / hospital

Counseled patient / family regarding

lab results (diagnosis) needed for follow-up

Admit orders written

Time:

CRIT CARE

30-74 min

75-104 min

min

Prior records ordered

Additional history from:

family caretaker paramedics

CLINICAL IMPRESSION:

Chest Pain - acute precordial

Chest Pain - acute

Dyspnea - acute

Costochondritis - acute

Myofascial Strain - acute

Viral Syndrome - acute

Bronchitis - acute

Viral Pleuritis (Pleurisy)

Abnormal EKG

GERD

Pneumonia

Pneumothorax

ETOH abuse

Disposition

home

admitted

transferred

CONDITION

unchanged

improved

stable

MD / DO

MD / DO

DATE 4/19/2006



DOB: 08/23/52 COOPER, DAVID
 Adm Date/Time: 9/4/04/08 MR #079236
 2326 GUTIERREZ, CARLOS M 0902A

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33

Baptist Health
EMERGENCY PHYSICIAN RECORD
 Chest Pain (5)

DATE: _____ TIME: _____ ROOM: _____ EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM UNOBTAINABLE 2° TO:

HPI

chief complaint: chest pain discomfort

started: on/off for weeks -
 near syncope
 per EMS pt's HR 200's

time course:

still present better
 gone now
 lasted

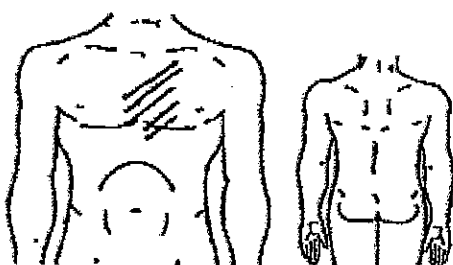
resolved on arrival in ED

constant "waxing & waning"
 intermittent episodes lasting
 worse / persistent since

quality:

pressure
 tightness
 indigestion
 burning
 dull
 aching
 sharp
 stabbing
 pain
 numbness
 "like prior MI"

location of pain:



radiation: none diagrammed above

associated symptoms:

nausea
 vomiting
 shortness of breath
 sweating

worsened by:

change in position
 deep breaths / turning
 exertion
 coughing

relieved by:

sitting up
 rest
 antacids
 nothing

nitroglycerin 1 2 3
 patient's own supply
 given by paramedics
 relief: none / partial /
 complete / transient
 Oxygen NRB 1

onset during:

sleep (rest) light activity
 mod. / heavy exertion
 emotional upset
 cannot recall

severity:

maximum: (1-10)
 mild moderate severe

when seen in ED: (1-10)

gone almost gone mild moderate severe
 residual discomfort in arm (R/L)

Similar symptoms previously

Recently seen / treated by doctor

PAST HX negative * = MI risk factors

*high blood pressure
 *diabetes insulin / oral / diet
 *high cholesterol
 heart disease
 heart attack (MI)
 angina / heart failure / CAD

emphysema
 collapsed lung
 stroke
 peptic ulcer
 documented? yes no
 gall stones
 thyroid disease

*DVT / PE / risk factors

GERD

other problems

Surgeries / Procedures none non-contributory

cardiac bypass

cardiac cath

angioplasty

thrombolytics

pacemaker

tonsillectomy
 cholecystectomy
 appendectomy
 hysterectomy
 defibrillator

VALVE REPLACEMENT

Medications none see nurses note
 NSAID acetaminophen BCPs
 ASA time of last dose

Allergies NKDA
 see nurses note

SOCIAL HX recent ETOH *smoker drug abuse

FAMILY HX DM HTN CAD (less than 55yo / greater than 55yo)
 sudden death stroke diabetes

ROS

HX / EXAM UNOBTAINABLE 2° TO:

CHEST / CONST

fever
 chills
 cough
 sputum
 ankle swelling
 calf / leg pain

NEURO

headache

blackouts

EYES / ENT

blurred vision

sore throat

GI / GU

abdominal pain

black / bloody stools

problems urinating

SKIN / LYMPH / MS

skin rash / swelling

joint pain

all systems neg. except as marked

FEMALE REPRODUCTIVE

LNMP

vaginal discharge

abnormal bleeding

PRINTED BY: b17606

DATE: 4/19 HISTORY RN / PA / NP sign after recording history; physician initial
 and discuss with patient and confirming or revising all elements.

Affidavit of Gail Colburn

Exhibit B

RECEIVED 05/15/06
20060267

MONTGOMERY COUNTY DETENTION FACILITY

GRIEVANCE OR APPEAL OF DECISION

Date: 5-13-06Cellblock: 2AName: DAVID COOPERBooking No. 7443Date/Time of Alleged Incident: 5-13-06 Afternoon nurse did not bring my prostate medication.

THE FOLLOWING INFORMATION SHOULD BE INCLUDED:

1. Description or Summary of the Complaint
2. Name of Individual(s) Involved
3. Signature of Inmate

on 5-13-06 the Afternoon nurse didn't bring my prostate medication and as the Doctor is aware of the suffering I previous when through regarding pain from not receiving enough prostate medication I can't afford to miss my medication due to any nurse error also what is happening regarding the heart surgery and prostate surgery which I need, I haven't had any response from my last visit with the Doctor regarding the results after he receive the Doctor information from Baptist Hospital the afternoon shift is the second shift. This nurse is also denying me medical treatment by not giving me my prostate medication in night and it is the second ~~this~~ shift this happen on.

David Cooper

Signature of Inmate

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP

Revised 06/11/04

Affidavit of Gail Colburn

Exhibit C

MCDF PERSONNEL RESPONSE TO GRIEVANCE

GRIEVANCE #: 20060267

Please complete and return to Grievance Clerk

PERSONNEL NAME: _____ MEDICAL _____ DATE: 05/15/06

INMATE NAME: DAVID COOPER BKG # 7743 LOC: 2A

Your Cardura has been increased to
4mg 2X a day by Dr Nichols. That
is the only treatment ordered at this
time. Your Cardura has been ordered and
you will receive it as soon as it
comes in.

Results from Baptist? I will have Dr
Nichols look at Records ~~on~~ when he
comes in next. And decide what tx
is needed next.

PERSONNEL SIGNATURE: Dail Car m7A

RESPONSE DATE: 5/15/06